LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90577 020 ****50.00

DOCUMENT # M02000001151

1. Entity Name
Leesburg Sonic LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1806 Citrus Blvd Hwy 27	815 Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Conway, AR
Zip: 34748 Country:	Zip: 72034 Country: USA

DUE BY MAY 1

4. FEI Number: 45-0475128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Allen Porter

Street Address (P.O. Box Number is Not Acceptable): 2817 SE 5th St

City: Ocala FL Zip Code: 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	President Dennis Porter PO Box 288, Bee Branch, AR 72013	STREET ADDRESS CITY-ST-ZIP	
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CR2E003B (12/02)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner or the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Dennis Porter 4/29/03 501-654-2888
SIGNATURE OF SIGNING GENERAL PARTNER — Date — Daytime Phone #