

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90256 026 ***138.75

DOCUMENT # M04000005032

1. Entity Name
LEESBURG PROPERTIES LLC



Principal Place of Business

**11540 US 92 EAST
SEFFNER, FL 33584**

Mailing Address

**11540 US 92 EAST
SEFFNER, FL 33584**

DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1871919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEVER, DAVID A
101 E. KENNEDY BLVD. SUITE 2000
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	SEAMAN, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER #800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	V
NAME	WEITZNER, PETER
STREET ADDRESS	400 PERIMETER CENTER TER, STE 800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	VST
NAME	STEIN, LEWIS
STREET ADDRESS	11540 HIGHWAY 92 EAST
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	V
NAME	FINKEL, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERR, STE 800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	ASV
NAME	KETTLE, MICHAEL J
STREET ADDRESS	400 PERIMETER CENTER TER, STE 800
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08

Date

Daytime Phone #