

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90019 004 \*\*\*\*50.00

**DOCUMENT # M05000001697**

1. Entity Name  
**LEEKSEEK NORTH AMERICA, LLC**



Principal Place of Business  
**4905 34TH ST. SOUTH #332  
ST. PETERSBURG, FL 33711**

Mailing Address  
**4905 34TH ST. SOUTH #332  
ST. PETERSBURG, FL 33711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**41-2155013**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ROBERT E  
137 1ST STREET WEST  
TIERRA VERDE, FL 33715**

Name **ROBERT E WILSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**2700 56TH STREET S.**

City **GULFPORT** FL Zip Code **33707**

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 *Mark Wilson* **ROBERT E WILSON** **3/27/06**  
Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **WILSON, ROBERT E**  
STREET ADDRESS **137 1ST STREET W.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ROBERT E WILSON**  
STREET ADDRESS **2700 56TH STREET S.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 606, Florida Statutes.

*Mark Wilson* **3/27/06**