


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005664
 1. Entity Name
 LEISURE PROPERTIES, L.L.C.



Principal Place of Business
 2891 SCENIC GULF DRIVE
 DESTIN, FL 32550

Mailing Address
 P.O. BOX 6877
 MIRAMAR BEACH, FL 32550

DO NOT WRITE IN THIS SPACE



05062005No Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3725001

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
 36008 EMERALD COAST PARKWAY, SUITE 301
 DESTIN, FL

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, SUZANNE PO BOX 6877 DESTIN, FL 32550
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 05/18/05-80002-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Suzanne Thompson* **5/1/05** **(850)269-2038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #