


-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 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 |
|---------------------------------------------------------------------------|-------------------------------------------------------------|



04202006No Chg-LLC CR2E083 (11/05)

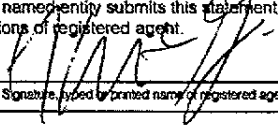
DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3725001 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 |
|-------------------------------------------------------------------------------------------------------------------------------------|

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:  DATE: 4/21/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMPSON, SUZANNE PO BOX 6877 DESTIN, FL 32550 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000532613
 05/06/06-80091-011 50.00

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:  DATE: 4/20/06 (850) 269-2038

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