

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 26, 2007  
Secretary of State**

DOCUMENT# L03000046546

Entity Name: LEISUREFARE, LLC

**Current Principal Place of Business:**

3006 AVIATION AVE, STE 2A  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3006 AVIATION AVE, STE 2A  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLORIDA CORPORATE SERVICES, LLC  
3006 AVIATION AVE, STE 2A  
COCONUT GROVE, FL 33133    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      LEISUREFARE LIMITED,  
Address:                      3006 AVIATION AVE, STE 2A  
City-St-Zip:                      COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CESAR R. SORDO

RA

07/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date