

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003158

FILED
Apr 07, 2009
Secretary of State

Entity Name: LEISURE RESORTS, LLC

Current Principal Place of Business:

C/O CHASE ENTERPRISES, GOODWIN SQUARE
225 ASYLUM STREET, 29TH FLOOR
HARTFORD, CT 061031538

New Principal Place of Business:

Current Mailing Address:

C/O CHASE ENTERPRISES, GOODWIN SQUARE
225 ASYLUM STREET, 29TH FLOOR
HARTFORD, CT 061031538

New Mailing Address:

FEI Number: 26-0307559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: CHASE, CHERYL A
Address: 225 ASYLUM ST., 29TH FLOOR
City-St-Zip: HARTFORD, CT 061031538

Title: MGR () Delete
Name: CHASE, ARNOLD L
Address: 225 ASYLUM MST., 29TH FLOOR
City-St-Zip: HARTFORD, CT 061031538

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHASE, CHERYL A
Address: 225 ASYLUM ST., 29TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: MGR (X) Change () Addition
Name: CHASE, ARNOLD L
Address: 225 ASYLUM MST., 29TH FLOOR
City-St-Zip: HARTFORD, CT 06103

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: CHERYL A. CHASE

MGR

04/07/2009

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