


**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90032 001 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/1

30006996

<b>DOCUMENT # L06000007278</b>					
1. Entity Name <b>LEISURE HOSPITALITY GROUP, LLC</b>					
Principal Place of Business <b>359 CAROLINA AVENUE WINTER PARK, FL 32789 US</b>			Mailing Address <b>359 CAROLINA AVENUE WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-4164830</b>	
				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 <b>DOWNING, GRANT T 222 WEST COMSTOCK AVENUE SUITE 101 WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUGH, JAMES H JR		NAME		
STREET ADDRESS	359 CAROLINA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBY, GREG		NAME		
STREET ADDRESS	359 CAROLINA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVA, KYLE D		NAME		
STREET ADDRESS	359 CAROLINA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, STEPHEN W		NAME		
STREET ADDRESS	359 CAROLINA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date: <b>4/6/07</b> Daytona Phone #					