


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By September 7, 2005**

FILED

2005 MAY -5 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000193	
1. Entity Name LEISURE AMERICAN REALTY, LTD.	

Principal Place of Business 5601 EDMOND, SUITE M WACO, TX 76710	Mailing Address 5601 EDMOND, SUITE M WACO, TX 76710
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022005 Chg-LP CR2E003 (10/03)

4. FEI Number 11-3713830	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELLI, PHILLIP 2450 ESTERO BLVD. FORT MYERS, FL 33931		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable.

9. Capital Contributions as Shown on record: \$24,500.00	10. Amount of Capital Contributions in FLORIDA to date: 24,500.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000001749	STREET ADDRESS	
NAME	PBMP ASSET MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	5601 EDMOND, SUITE M		
CITY-ST-ZIP	WACO, TX 76710		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100055720361
NAME		CITY-ST-ZIP	06/03/05--01057--013 **260.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael Power Pres* 5/2/05 254-772-6631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE