## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

STAPLE CHECK HERE

DOCUMENT # B0400000193  1. Entity Nan:9 LEISURE AMERICAN REALTY, LTD.						FILED  06 JUN-1 PM 3:21			
Principal Place of Business 5601 EDMIND SUITEM WCQ TX 76710			Mailing Address 5601 EDMOND SUITEM WAGO TX 76710		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Pl	lace of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05122006	Chg-LP	CR2E003	(11/05)
City & State			City & State			4, FEI Number 11-3713		<del></del>	Applied For Not Applicable
Zip	Country		Zip	Country			f Status Desired		.75 Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
			Name						
BELLI, PHILLIP 2450 ESTERO BLVD.					Street Address (P.O. Box Number is Not Acceptable)				
FORT MYERS, FL 33931									
					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 Signature, typed or printed name of registered agent and title if applicable. DATE									
FILE NOW!!! FEE IS \$900.00									
On or after September 6, 2006, Fee will be \$1000.00  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
	NOTE	: General Partners M.	ı; an amendmer	t must be filed	<del>,</del>		9r.		
12.	1	GENERAL PARTNE	R INFORMATION	<del></del>		ADDRESS CHA	ANGES ONLY		
DOCUMENT# NAME	M0400001	01749 SSET MANAGEMENT,	STRE		EET ADDRESS				
STREET ADDRESS	I				07.70				
CITY-ST-ZIP	WACO, TX 76710		GIT-		-ST-ZIP			·	
DOCUMENT # NAME	STF				EET ADDRESS	500075901075 			
STREET ADDRESS CITY-ST-ZIP	ļ			CITY-ST-ZIP		ונואמט	<del>7080101</del> (	<u>0010</u>	**JUU.UU
DOCUMENT#				STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	s				-ST-ZIP				
DOCUMENT #				STR	EET ADDRESS				
STREET ADDRESS	TAME STREET ADDRESS HTY-ST-ZIP								
DOCUMENT #				STR	EET ADDRESS				
STREET ADDRESS	I · ·				/-ST-ZIP				
CITY-ST-ZIP  DOCUMENT #		· ·		SIR	EET ADDRESS				
NAME T STREET ADDRESS					r-st-zip				
CITY ST-ZIP	<u> </u>						· · · · · · · · · · · · · · · · · · ·		<del> </del>
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									

Michae / Power for PBMPAssermen UK 5/10/06