2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT # B0400000193 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 DO NOT WRITE IN THIS SPACE

FILED Feb 18, 2008 08:00 AN Secretary of State



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 11-3713830 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLI, PHILLIP 2450 ESTERO BLVD. FORT MYERS, FL 33931

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with agent agen			
Pille NoWill Fee is \$500.00 C2/27/08-80013-017 S00.00			pistered office or registered agent, or both, in the State of Florida. I am famillar with, and accep
FILE NOW!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTINER 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 DOCUMENT # NAME STREET ADDRESS CITY-ST-2P DOCUMENT # NAME OCCUMENT # NAME STREET ADDRESS CITY-ST-2P DOCUMENT # NAME STREET ADDRESS STREE	SIGNATURE	Skonature, typed or panied name of registered agent and little if applicable.	DATE
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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

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Mark MIKELE

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