
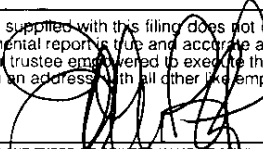


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 010 ***150.00

| | | | | | |
|---|---|---------------------|---|--|--|
| DOCUMENT # F95000000987 1. Entity Name LEISURE FACILITIES, INC., V | | | |  | |
| Principal Place of Business 330 NORTH WABASH AVENUE SUITE 1400 CHICAGO, IL 60611 US | | | Mailing Address 330 NORTH WABASH AVENUE SUITE 1400 CHICAGO, IL 60611 US | | |
| 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 65-0501454 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHULTE, MARK J <input type="checkbox"/> Delete 330 NORTH WABASH AVE, STE. 1400 CHICAGO, IL 60611 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RIJOS, JOHN P <input type="checkbox"/> Delete 330 NORTH WABASH AVE., STE. 1400 CHICAGO, IL 60611 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Delete YOUNG, STAN 330 NORTH WABASH AVENUE SUITE 1400 CHICAGO, IL 60611 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV <input checked="" type="checkbox"/> Delete PASKIN, DEBORAH C 330 NORTH WABASH AVENUE SUITE 1400 CHICAGO, IL 60611 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete OHLENDORF, MARK W 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete FERGE, KRISTEN A 6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: By:  | | | John P. Rijos, Co-President 04/10/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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