

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90193 018 ****50.00

DOCUMENT # L00000013705

1. Entity Name
1ST AMERICAN LEISURE LLC



Principal Place of Business
**8297 CHAMPIONS GATE BLVD
SUITE 301
CHAMPIONSGATE, FL 33896**

Mailing Address
**8297 CHAMPIONS GATE BLVD
SUITE 301
CHAMPIONSGATE, FL 33896**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3682665

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAFFORD, COLIN
764 RIGGS CIRCLE
DAVENPORT, FL 33837**

Name
STAFFORD, COLIN

Street Address (P.O. Box Number is Not Acceptable)

135 WOODPECKER COURT

City
DAVENPORT

FL

Zip Code
33837

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

Colin Stafford **COLIN STAFFORD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2003

FILE NOW!!! FEE IS \$60.00
Make check payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
STAFFORD, COLIN
STREET ADDRESS
764 RIGGS CIRCLE
CITY-ST-ZIP
DAVENPORT, FL 33897

TITLE
MGR
NAME
STAFFORD, COLIN
STREET ADDRESS
135 WOODPECKER COURT
CITY-ST-ZIP
DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

Colin Stafford

COLIN STAFFORD

4/26/2003

863-420-9713

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)