2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71000005664

L01 000005664

1. Entity Name
LEISURE PROPERTIES LLC

FILED

02 OCT 30 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
129 SUMMER BREEZE ROAD
PANAMA CITY BEACH FL 32413

Mailing Address
129 SUMMER BREEZE ROAD
PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2891 Scenic Gulf Dr.	P.O. Box 6877
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Destin Florida	
City & State	City & State
32550	Destin, Florida
Zip / Country	Zip / Country
Walton	32550 / Walton

4. FEI Number — 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
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 301 DESTIN FL	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 X _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

CR2E083 (4/02)

TITLE	MGR	☐ Delete	TITLE	MGR
NAME	THOMPSON, DAVID G		NAME	Suzanne Thompson
STREET ADDRESS	PO BOX 49		STREET ADDRESS	P.O. Box 6877
CITY-ST-ZIP	MONROE GA 30655		CITY-ST-ZIP	Destin, Florida 32550
				☐ Change ☒ Addition
TITLE	MGR	☒ Delete	TITLE	
NAME	HOLT, LINDA L		NAME	
STREET ADDRESS	129 SUMMER BREEZE ROAD		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME			NAME	100008687101
STREET ADDRESS			STREET ADDRESS	10/30/02--01022--001 **150.00
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME	RED STATEMENT 2002		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____ Manager   10/22/02 (850) 269-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   /Date   Daytime Phone #