2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 24, 2004 08:00 AM Secretary of State DOCUMENT # L01000005664 1. Entity Name LEISURE PROPERTIES, L.L.C. Principal Place of Business Mailing Address 2891 SOENCOLLFORVE P.O.BOX6877 DESTIN FL 32550 MPAWAREEACH FL 32550 05182004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3725001 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent MCGILL, ROBERT E III DO NOT WRITE 36008 EMERALD COAST PARKWAY, SUITE 301 DESTIN, FL IN THIS SPACE 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 it applicable. (NOTE, Registered Agent eignature required when reinstalling) DATE Filing Fee is \$50.00 Due by September 8, 2004 000000161391 MANAGING MEMBERS/MANAGERS 8, MLE MGR THOMPSON, SUZANNE MARKE STREET ADDRESS PO BOX 6877 CITY-ST-ZIP DESTIN, FL 32550 7175 F NAME STREET ADDRESS CITY-ST-ZIP TEEF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BBF 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 oain; 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.