~2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 25, 2006 08:00 AN Secretary of State **DOCUMENT # L01000005664** 1. Entity Name LEISURE PROPERTIES, L.L.C. Principal Place of Business Mailing Address 2891 SCENIC GULF DRIVE P.O. BOX 6877 MIRAMAR BEACH, FL 32550 DESTIN, FL 32550 04202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3725001 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. 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 3. The above name 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 egistered agent. the obligations of 42106 SIGNATURE ered agent and title if applicable (NOTE: Registered Agent agnature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE THOMPSON, SUZANNE NAME STREET ADDRESS PO BOX 6877 DITY-ST-2P DESTIN, FL 32550 TITLE U00000532613 05/06/06-80091-011 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BBE NAME

11. 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 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: SIGNATURE AND TYPED OF FRONTED NAME OF SHOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS City-St-Zip

4/20/06 (850) 269-2038

FILED