

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021619**

1. Entity Name  
**AMERICAN LEISURE RESORTS OF FLORIDA, LLC**



Principal Place of Business <b>429 LENOX AVE.          MIAMI, FL 33139</b>	Mailing Address <b>429 LENOX AVE.          MIAMI, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



05132008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>22-3849754</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEAR, DAVID  
 201 ALHAMBRA CIRCLE  
 SUITE 601  
 CORAL GABLES, FL 33134**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

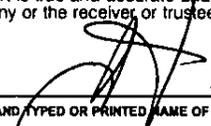
**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. U00000952449 06/04/08-80080-004 138.75

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COHEN, LEON 429 LENOX AVENUE MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **5/13/08 305-337.3700**

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