2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM **DOCUMENT # L03000007968 Secretary of State** MSFT LEISURE TIME, LLC Principal Place of Business Mailing Address 19195 TAMARA LANE 19195 TAMARA LANE JUPITER, FL 33458 JUPITER, FL 33458 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-6325091 Not Applied \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, DANIEL M DO NOT WRITE 19195 TAMARA LANE JUPITER, FL 33458 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. 1 am familiar with, and accomplete the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accomplete the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accomplete the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent, Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRP NAME SMITH, DANIEL H STREET ADDRESS 19195 TAMARA LANE CITY-ST-ZIP JUPITER, FL 33458 TITLE U00000385722 01/18/06-80027-016 50.00 SMITH, JOHN C NAME STREET ADDRESS 19195 TAMARA LANE CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 it limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

1/10/06

561775-2134

Daytime Phone #