## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L04000000332

1. Entity Name LEISURE LABS, LLC



Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7812:T7!HBLPSIDEFFL!CWM/ TBSBIPUB!GW/45352 7812IT/IHBUPSIDEFFLIONIN/ TEBBIPUBION/45352



01182006 No Chg-LLC

CR2E083 (11/05)

FEI Number
 20-0638901

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent.

DEAN, ROBERT C 6701 S. GATOR CREEK BLVD. SARASOTA, FL 34241

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	named entity submits this statement for the purpose of char tions of registered agent.	l nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstalling)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, ROBERT C 6701 S. GATOR CREEK BLVD. SARASOTA, FL 34241		<u>ปบบบบบรร</u> 45บัช	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U1/26/06-80016-024 S0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del>-</del> .	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/19/06 941-9/9-0535

Daytime Phone #