


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000022415 1. Entity Name LEISURE LAKE, LLC	
---	---

Principal Place of Business 2915 S.R. 590 STE. 21 CLEARWATER, FL 33759	Mailing Address 2915 S.R. 590 STE. 21 CLEARWATER, FL 33759
---	---

DO NOT WRITE IN THIS SPACE



01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0102599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DRIVE, STE. 930
TAMPA, FL 33607

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000441008
03/03/06-80018-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUEEN, GARY F 2915 S.R. 590 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Gary F. Queen**
Manager **2/7/06 (727) 796-7123**

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