2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000063725

1. Entity Name

LEISURE LANDS CONSULTING, LLC

Principal Place of Business	Mailing Address
3918 SOUTH BYRON BUTLER PARKWAY PERRY FL 32348	P.O. BOX 48 PERRY FL 32348

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-1569924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, BISHOP III 3918 SOUTH BYRON BUTLER PARKWAY PERRY FL 32348	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete CLARK, BISHOP 3918 SOUTH BYRON BUTLER PARKWAY PERRY FL 32348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000566096 05/25/06-80005-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete CASEY, DEBORAH C 111 LINDSEY ISLAND ROAD, DARK ISLAND PERRY FL 32348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Deborah C Casey Deborah C. Casey 5-22-06