2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90119 001 ****50.00

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

03232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 Lindsey Island Rd	111 Lindsey Island Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Perry, FL	City & State: Perry, FL
Zip: 32348 Country: USA	Zip: 32348 Country: USA

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: Clark, Bishop III Street Address (P.O. Box Number is Not Acceptable): 511 Bishop Blvd. City: Perry FL Zip Code: 32347

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] 3/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, BISHOP 3918 SOUTH BYRON BUTLER PARKWAY PERRY, FL 32348	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Clark, Bishop 511 Bishop Blvd. Perry, FL 32347	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASEY, DEBORAH C 111 LINDSEY ISLAND ROAD, DARK ISLAND PERRY, FL 32348	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Deborah C Casey Deborah C. Casey 3-26-07 850 578-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #