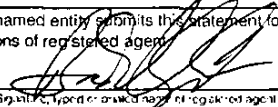


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3918 SOUTH BYRON BUTLER PARKWAY PERRY, FL 32348			Mailing Address P.O. BOX 48 PERRY, FL 32348		
2. Principal Place of Business - No P.O. Box # 111 Lindsey Island Rd		3. Mailing Address 111 Lindsey Island Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Perry, FL		City & State Perry, FL		4. FEI Number 20-1569924	
Zip 32348		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, BISHOP III 3918 SOUTH BYRON BUTLER PARKWAY PERRY, FL 32348		7. Name and Address of New Registered Agent 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  DATE 3/31/07					
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 CASEY, DEBORAH C 111 LINDSEY ISLAND ROAD, DARK ISLAND 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 CLARK, BISHOP 511 Bishop Blvd. Perry, FL 32347	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CLARK, BISHOP 511 Bishop Blvd. Perry, FL 32347	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CLARK, BISHOP 511 Bishop Blvd. Perry, FL 32347	☐ 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:  DATE 3-26-07 850578-2039					