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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
03-31-2006 90182 048 ****50.00

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1. Entity Name
FLORIDA LEISURE LLC

Principal Place of Business	Mailing Address
319 BOBWHITE WAY SARASOTA, FL 34236	P.O.BOX 15571 SARASOTA, FL 34277

2. Principal Place of Business	3. Mailing Address
7111 S. TAMIAMI TR.	7111 S. TAMIAMI TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number EIN# 38-3728268 — 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
HEYWARD, JAMES M 319 BOBWHITE WAY SARASOTA, FL 34236	Name: HEYWARD JAMES M. Street Address (P.O. Box Number is Not Acceptable): 609 N. OWL DRIVE City: SARASOTA FL Zip Code: 34236

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: Heyward JAMES HEYWARD 4/13/06.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	HEYWARD, JAMES M	NAME	HEYWARD JAMES M
STREET ADDRESS	319 BOBWHITE WAY	STREET ADDRESS	P.O. BOX 15571
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	SARASOTA FL 34277
TITLE	MANAGING PARTNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YVES LANOUE	NAME	
STREET ADDRESS	1617 Kelly LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL. 34232	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: March 26/01
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #