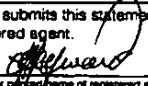
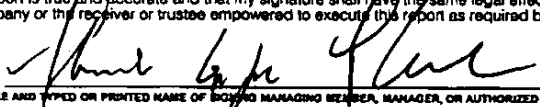


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-31-2006 90182 048 ****50.00

DOCUMENT # L05000082506					
1. Entity Name FLORIDA LEISURE LLC					
Principal Place of Business 319 BOBWHITE WAY SARASOTA, FL 34236			Mailing Address P.O. BOX 15571 SARASOTA, FL 34277		
2. Principal Place of Business 7111 S. TAMIANI TR.			3. Mailing Address 7111 S. TAMIANI TR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number EIN# 38-8728268	
Zip 34231		Country USA		Applied For ☐ Not Applicable	
Zip 34231		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEYWARD, JAMES M 319 BOBWHITE WAY SARASOTA, FL 34236			7. Name and Address of New Registered Agent 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  JAMES HEYWARD DATE 4/13/06 (Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing))					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEYWARD, JAMES M 319 BOBWHITE WAY SARASOTA, FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEYWARD JAMES M P.O. BOX 15571 SARASOTA FL 34277	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER YVES LAMOUZE 1617 KASHY LANE SARASOTA FL 34232	☐ 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: 			Date: March 26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

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