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Secretary of State
03-31-2006 90182 048 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30005196

03212006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000082506

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

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 [signature] JAMES HEYWARD 4/13/06.
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, 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 Lanoue 1617 Kelly 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: [signature] March 26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #