2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000007278

1. Entity Name
LEISURE HOSPITALITY GROUP, LLC

Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK, FL 32789 US

Mailing Address
359 CAROLINA AVENUE
WINTER PARK, FL 32789 US

01082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4164830
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 WEST COMSTOCK AVENUE
SUITE 101
WINTER PARK, FL 32789

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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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000800604
01/31/08-80024-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PUGH, JAMES H JR
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	JACOBY, GREG
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	RIVA, KYLE D
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	BRADLEY, STEPHEN W
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/24/08 407-644-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #