2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: LEISURE ISLAND REALTY REFERRAL, LLC

Current Principal Place of Business:

8695 COLLEGE PARKWAY
SUITE 1071
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8695 COLLEGE PARKWAY
SUITE 1071
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 45-1647705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, CHARLES C II ESQ.
1633 SE 47TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JONES, JONETTE R
Address: 8695 COLLEGE PARKWAY, STE. 1071
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: HICKS, AUDREY
Address: 8695 COLLEGE PARKWAY, STE. 1071
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: ELSEA, ERIK
Address: 8695 COLLEGE PARKWAY. STE 1071
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: JONES, EDWARD
Address: 8695 COLLEGE PARKWAY. STE 1071
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: JONETTE R JONES MGRM 01/04/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date