

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90357 036 ****50.00

DOCUMENT # L99000001668

1. Entity Name

HOMESTEAD LEISURE ASSOCIATES, LLC

Principal Place of Business

**31550 NORTHWESTERN HIGHWAY, SUITE 200
 FARMINGTON HILLS MI 48334**

Mailing Address

**31550 NORTHWESTERN HIGHWAY, SUITE 200
 FARMINGTON HILLS MI 48334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2473597

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

**EASTMAN, DAVID
 2155 DELTA BLVD., STE 210-B
 TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **PARTRICH, SPENCER M**
 CITY-ST-ZIP **31550 NORTHWESTERN HIGHWAY, SUITE 200
 FARMINGTON HILLS MI 48334**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **SHAPIRO, MICHEY**
 CITY-ST-ZIP **31550 NORTHWESTERN HIGHWAY, SUITE 200
 FARMINGTON HILLS MI 48334**

TITLE Change Addition
 NAME **SHAPIRO, MICKEY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**
SPENCER M. PARTRICH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/02 **(248)**
851-2700

CR2E083 (9/01)