


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001668
 1. Entity Name
 HOMESTEAD LEISURE ASSOCIATES, LLC



Principal Place of Business Mailing Address
 31550 NORTHWESTERN HIGHWAY, SUITE 200 31550 NORTHWESTERN HIGHWAY, SUITE 200
 FARMINGTON HILLS, MI 48334 FARMINGTON HILLS, MI 48334

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2473597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 EASTMAN, DAVID
 2155 DELTA BLVD., STE 210-B
 TALLAHASSEE, FL 32303

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

Filing Fee is \$50.00 Due by May 1, 2004 U00000127577
 04/26/04-80003-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARTRICH, SPENCER M 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAPIRO, MICKEY 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334
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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 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: SPENCER M. PARTRICH, A MEMBER Date: 4/6/04 Daytime Phone #: (248) 851-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE