

**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

31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS, MI 48334

Mailing Address

31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS, MI 48334



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000127577
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: X

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

SPENCER M. PARTRICH, A MEMBER

Date

4/6/04

Daytime Phone #

(248) 851-2700