


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

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

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



01062005No Chg-LLC CR2E083 (10/03)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2473597 | Applied For <input type="checkbox"/> 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

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

**Filing Fee is \$50.00
Due by May 1, 2005**

| 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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03/10/05-80027-011 50.00

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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: *[Signature]* SPENCER M. PARTRICH, A MEMBER 2/2/05 248 PSI-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #