


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L99000001668 1. Entity Name HOMESTEAD LEISURE ASSOCIATES, LLC	
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Principal Place of Business 3155 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334	Mailing Address 3155 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334
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01252008No Chg-LLC CR2E083 (12/07)

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARTRICH, SPENCER M 3155 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAPIRO, MICKEY 3155 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334
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 05/07/08-80102-007 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *SPENCER M. PARTRICH, A MEMBER* 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #