

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002356

FILED  
May 26, 2003  
Secretary of State

**Entity Name:** LEISURE PROPERTIES OF PINELLAS, LLC

**Current Principal Place of Business:**

445 S. GULFVIEW BLVD.  
CLEARWATER, FL 33767

**New Principal Place of Business:**

1306 WHISPER DR.  
LARGO, FL 33770

**Current Mailing Address:**

445 S. GULFVIEW BLVD.  
CLEARWATER, FL 33767

**New Mailing Address:**

1306 WHISPER DR.  
LARGO, FL 33770

**FEI Number:** 59-3571389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, D. JAY ESQ.  
6529 CENTRAL AVE.  
ST. PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR (X) Delete  
Name: EDWARDS, JAMES L  
Address: 50 HARBOR VIEW LN.  
City-St-Zip: BELAIR BLUFFS, FL 33770

Title: MGR ( ) Delete  
Name: EDWARDS, SEAN L  
Address: 445 S. GULFVIEW BLVD.  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SEAN L. EDWARDS

MGR

05/26/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date