2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

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| DOCUMENT # M0700003753 1. Entity Name LEISUREVISIONS LLC | | | 03-17-2008 90268 009 ***138.75 | | | | |
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| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| | | PMB 328 | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 1 11 4 | 02162008 Cha-LLC | 0005000 (40100) | | |
| | | Suite 51 444 | l Brickell A | 02162008 Chg-LLC | CR2E083 (12/06) | | |
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| , | - | Miami F | / | 26-0145126 | | t Applicable | |
| 71- | 1 0 | | | 20-0143120 | | | |
| Zip | Country | | Country | 5. Certificate of Status Desired | □ \$5.00 Add | | |
| | | | UZA. | | Fee Require | d | |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New | Registered Agent | | |
| | | | Name | | | | |
| HENDRY. | STONER, CALANDRINO & BR | ROWN, P.A. | | | | | |
| 20 N. ORANGE AVENUE, SUITE 600 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| |), FL 32801 | | | | | | |
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| 4 · | | | City | | FL Zip Code | e | |
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| | named entity submits this statement for | the purpose of changing its regi | istered office or regis | stered agent, or both, in the State of F | florida. I am familiar with, | and accept | |
| the obligat | ions of registered agent. | | | | | | |
| SIGNATURE | | | | | | | |
| SIGNATORE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: Reg | gistered Agent signature requ | uired when reinstating) | DATE | | |
| | • | | | | | | |
| | | | | - Paris | **** 41 | | |
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| | NOW!!! FEE IS \$138.75 | | | | ke check payable to | | |
| | NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | | Florie | ke check payable to da Department of State | 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
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limited liability company or the receiver or Justee empowerents execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 3 13
SIGNATURE AND FIFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #