

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90077 034 ****50.00

DOCUMENT # M99000000615

1. Entity Name
LEISURETAINMENT.COM, LLC.



Principal Place of Business
7300 W. CAMINO REAL, SUITE 115
BOCA RATON, FL 33433

Mailing Address
7300 W. CAMINO REAL, SUITE 115
BOCA RATON, FL 33433

24008067



01072004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

~~71-0821863~~

71-0821865

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRING, MELANIE J
7300 W. CAMINO REAL, SUITE 115
BOCA RATON, FL 33433

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRING, MELANIE J
7300 W. CAMINO REAL, SUITE 115
BOCA RATON, FL 33433

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Melanie J. Gring MELANIE J. GRING 01/19/04 561.417.7559

Date

Daytime Phone #