


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # M99000000615 1. Entity Name LEISURETAINMENT.COM, LLC.	
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Principal Place of Business 7300 W. CAMINO REAL, SUITE 115 BOCA RATON, FL 33433	Mailing Address 5320 COLLEGE BLVD OVERLAND PARK, KS 66211
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07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0821865	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**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: MELANIE J. GRING

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07-05-07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LYONS, TOM 5320 COLLEGE BLVD OVERLAND PARK, KS 66211
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**DO NOT WRITE
IN THIS SPACE**

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: Tom Lyons Tom Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07-05-07

DATE

(113) 457-0760

DAYTIME PHONE #