


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080190</b> 1. Entity Name <b>LEISURE PROPERTY INVESTMENTS, INC.</b>	
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Principal Place of Business <b>C/O BRUCE E. LAZAR 2901 COLLINS AVENUE, SUITE M MIAMI BEACH, FL 33140</b>	Mailing Address <b>C/O BRUCE E. LAZAR 2901 COLLINS AVENUE, SUITE M MIAMI BEACH, FL 33140</b>
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03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0998380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CMC GROUP, INC.  
701 BRICKELL AVE  
#3150  
MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLOMBO, UGO 701 BRICKELL AVE- SUITE 3150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MURPHY, ARTHUR J 701 BRICKELL AVE - SUITE 3150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LAZAR, BRUCE 2901 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWENSTEIN, DIEGO 2901 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDENHOUR, ESTHER 701 BRICKELL AVE SUITE 3150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/27/05-80043-023 150.00

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/20/05 305 532-2511 Date Daytime Phone #
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