

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001668

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC6893019195**

**Entity Name:** HOMESTEAD LEISURE ASSOCIATES, LLC

**Current Principal Place of Business:**

31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS, MI 48334

**Current Mailing Address:**

31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS, MI 48334

**FEI Number:** 59-2473597

**Certificate of Status Desired:** No

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

EASTMAN, DAVID  
2155 DELTA BLVD., STE 210-B  
TALLAHASSEE, FL 32303 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PARTRICH, SPENCER M	Name	SHAPIRO, MICKEY
Address	31550 NORTHWESTERN HIGHWAY, SUITE 200	Address	31550 NORTHWESTERN HIGHWAY, SUITE 200
City-State-Zip:	FARMINGTON HILLS MI 48334	City-State-Zip:	FARMINGTON HILLS MI 48334

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SPENCER M. PARTRICH

**MANAGER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date