

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L01000022565

1. Entity Name

MCCUMBER-WRIGHT GOLF VENTURE, LLC



Principal Place of Business

7502 PLANTATION BAY DRIVE
JACKSONVILLE, FL 32244

Mailing Address

7502 PLANTATION BAY DRIVE
JACKSONVILLE, FL 32244



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0619141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL A
50 N. LAURA ST., STE. 2000
JACKSONVILLE, FL 32202

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCUMBER, JAMES L
STREET ADDRESS	7502 PLANTATION BAY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244

TITLE	
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03/21/07-80020-017 50.00

**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: _____

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

James L. McCumber
James L. McCumber

3-8-07 904-178-8333

Date

Daytime Phone #