

FILED
May 12, 2003 8:00 am
Secretary of State


4/9,

04-09-2003 90042 020 ****50.00

**-2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000020733

1. Entity Name
MBGCO, LLC



Principal Place of Business Mailing Address
8390 CHAMPIONS GATE BLVD., STE 200 **8390 CHAMPIONS GATE BLVD., STE 200**
CHAMPIONS GATE FL 33896 **CHAMPIONS GATE FL 33896**

44001429



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
54-2073898 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Hedgebrook Golf Group, Inc. 8390 Champions Gate Blvd, Ste 200 Champions Gate, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO (Member) Ron E. Jackson 8390 Champions Gate Blvd, Ste 200 Champions Gate, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, CFO (Member) Calvin C. Sellers III 8390 Champions Gate Blvd, Ste 200 Champions Gate, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, COB (Member) Arnold Rosenstein 335 N. Maple Drive, Ste 366 Beverly Hills, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CFR2003 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arnold Rosenstein Date: 4/1/03 Daytime Phone #: (407) 589-7200

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