


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90046 024 ****50.00

DOCUMENT # L03000045002 1. Entity Name FORT DALLAS GOLF CLUB GP, LLC	
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Principal Place of Business 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133	Mailing Address 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent RAZOOK, RICHARD 1111 BRICKELL AVE STE. 2500 MIAMI, FL 33131	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: FL Zip Code

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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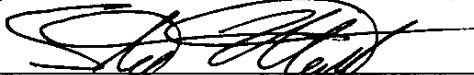
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Delete LORIE, CATHERINE H	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2665 SOUTH BAYSHORE, SUITE 601	NAME	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete BARCARDI, FACINDO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2665 S. BAYSHORE DR. STE. 601	NAME	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGR
STREET ADDRESS		STREET ADDRESS	Stephan Medina
CITY-ST-ZIP		CITY-ST-ZIP	9430 SW 130 Ave
			Miami, FL 33186-1773
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  4/23/07 305-386-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #