


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90023 010 ****50.00

DOCUMENT # L05000054631

1. Entity Name
GOLF VILLAGE MANAGEMENT, LLC



Principal Place of Business
**5499 OAK CREST DR.
 SARASOTA, FL 34233**

Mailing Address
**5499 OAK CREST DR.
 SARASOTA, FL 34233**

20035591

2. Principal Place of Business
8215 Blake Ct

3. Mailing Address
8215 Blake Court


Suite, Apt. #, etc.
113

City & State
Sarasota FL

City & State
Sarasota, FL

Zip
34240

Country
USA



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2947210

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIVALD, YARON
7400 S. GATOR CREEK BLVD.
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

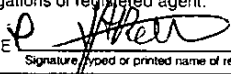
Name
Yaron Devald

Street Address (P.O. Box Number is Not Acceptable)
8215 Blake Court

City
Sarasota

FL Zip Code
34240

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: **4/4/06**

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Mgr			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yaron Devald			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	8215 Blake Ct Sarasota, FL		34240	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Yaron Devald** DATE: **4/4/06** DAYTIME PHONE #: **941-342-6189**

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