


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90118 022 \*\*\*\*50.00

**DOCUMENT # L05000054631**

1. Entity Name  
**GOLF VILLAGE MANAGEMENT, LLC**



Principal Place of Business 8215 BLAIKE CT 113 SARASOTA, FL 34240	Mailing Address 8215 BLAIKE CT 113 SARASOTA, FL 34240
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60039829



04132007.No.Chg-LLC CR2E083.(11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2947210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DIVALD, YARON  
 8215 BLAIKE CT  
 SARASOTA, FL 34240

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVALD, YARON 8215 BLAIKE CT SARASOTA, FL 34240
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**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:**   4/13/07 941-3212-6129

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