

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054631

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** GOLF VILLAGE MANAGEMENT, LLC

**Current Principal Place of Business:**

8215 BLAIKE CT  
113  
SARASOTA, FL 34240

**New Principal Place of Business:**

8215 BLAIKE CT  
113  
SARASOTA, FL 34240 US

**Current Mailing Address:**

8215 BLAIKE CT  
113  
SARASOTA, FL 34240

**New Mailing Address:**

8215 BLAIKE CT  
113  
SARASOTA, FL 34240 US

**FEI Number:** 20-2947210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEVALD, YARON  
8215 BLAIKE CT  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEVALD, YARON  
Address: 8215 BLAIKE CT  
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date