

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000118413**

1. Entity Name  
3 K GOLF COTTAGE, LLC



Principal Place of Business

C/O CDL  
505 SOUTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH, FL 33401

Mailing Address

C/O CDL  
505 SOUTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH, FL 33401



03072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4347517

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLOYD, RAYMOND L JR
STREET ADDRESS	338 SOUND BEACH AVENUE
CITY- ST- ZIP	OLD GREENWICH, CT 06870
TITLE	MGR
NAME	FLOYD, CHRISTINA L
STREET ADDRESS	215 EAST 68TH STREET SUITE 14-N
CITY- ST- ZIP	NEW YORK, NY 10021
TITLE	MGR
NAME	FLOYD, ROBERT L
STREET ADDRESS	11101 GREEN BAYBERRY DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000683795  
04/06/07-80006-020 50.00

**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:** \_\_\_\_\_

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

3-20-2007

Date

Daytime Phone #