2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L07000001377

Entity Name: SAGE GOLF GROUP WORLDWIDE, LLC

Current Principal Place of Business:

816 A1A NORTH, STE. 202
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

816 A1A NORTH, STE. 202
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-8156432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 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	( ) Delete
Name:	DAVISON, PETER S	
Address:	24621 DEER TRACE DR	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGRM	( ) Delete
Name:	GREEN, CHARLES H	
Address:	13015 YELLOW STAN LN	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	MGRM	( ) Delete
Name:	MCDOUGAL, ROBERTA L	
Address:	86028 SAND HICKORY TRAIL	
City-St-Zip:	YULEE, FL 32097	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER S DAVISON MRGM 03/19/2009

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