2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000067164

Entity Name: GARY GILCHRIST GOLF ACADEMY, LLC

Current Principal Place of Business:

10400 COUNTY ROAD 48
HOWEY-IN-THE-HILLS, FL 34737 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 95
HOWEY-IN-THE-HILLS, FL 34737

New Mailing Address:

FEI Number: 61-1548439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEEANNE GILCHRIST
10400 COUNTY ROAD 48
HOWEY-IN-THE-HILLS, FL 34737 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:	GILCHRIST, LEEANNE	
Address:	10400 COUNTY ROAD 48	
City-St-Zip:	HOWEY-IN-THE-HILLS, FL 34737 US	
Title:	MGRM	( ) Delete
Name:	GILCHRIST, GARY	
Address:	10400 COUNTY ROAD 48	
City-St-Zip:	HOWEY-IN-THE-HILLS, FL 34737 US	
Title:	MGRM	( ) Delete
Name:	SUMMERS, ANDREW	
Address:	3 CASTLEBRIDGE CT	
City-St-Zip:	HILTON HEAD ISLAND, SC 29928	

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: LEEANNE GILCHRIST MRGM 04/28/2009

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