

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB -4 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: **[REDACTED]**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000190

CASSELBERRY GOLF CLUB, LC
300 S. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

300 S. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

MWB

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/16/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				First Report	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

SECRIST, ROBERT L III
300 S. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code _____
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SECRIST, ROBERT L III	1781 SUNNYSIDE DR.	MAITLAND FL
MGR	KENNEDY, MICHAEL J	2011 GERONIMO TRL.	MAITLAND FL
MGR	LEVANTHAL, STUART	651 EAST LAKE DR.	ALTAMONTE SPRINGS FL

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****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. *Casselberry Golf Club, LC*

SIGNATURE: *By: Robert J. Secrist* managing member *1-29-97 (407)645-1965*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #