

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001917

FILED
Feb 19, 2008
Secretary of State

Entity Name: CALUSA PINES GOLF CLUB, L.L.C.

Current Principal Place of Business:

2250 RIDGE ROAD
NAPLES, FL 34120

New Principal Place of Business:

2000 CALUSA PINES DRIVE
NAPLES, FL 34120

Current Mailing Address:

2250 RIDGE ROAD
NAPLES, FL 34120

New Mailing Address:

2000 CALUSA PINES DRIVE
NAPLES, FL 34120

FEI Number: 59-3560605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND SCHOENECK & KING PA
4001 TAMIAMI TRAIL N.
NAPLES, FL 34013 US

Name and Address of New Registered Agent:

BOND SCHOENECK & KING PA
4001 TAMIAMI TRAIL N.
300
NAPLES, FL 34013 US

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:

02/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHENSOFF, GARY V
Address: 33 NORTH DEARBORN, SUITE 1610
City-St-Zip: CHICAGO, IL 60602

Title: MGR () Delete
Name: JOHNSON, CHRISTOPHER P
Address: 33 NORTH DEARBORN, SUITE 1610
City-St-Zip: CHICAGO, IL 60602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHENSOFF, GARY V
Address: 2000 CALUSA PINES DRIVE
City-St-Zip: NAPLES, FL 34120

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: CHRISTOPHER P. JOHNSON

MGR

02/19/2008

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