

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001917

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2000 CALUSA PINES DRIVE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

2000 CALUSA PINES DRIVE  
NAPLES, FL 34120

**New Mailing Address:**

**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.  
300  
NAPLES, FL 34013 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:** MGR  
**Name:** CHENSOFF, GARY V  
**Address:** 2000 CALUSA PINES DRIVE  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGR  
**Name:** JOHNSON, CHRISTOPHER P  
**Address:** 20 N. WACKER DR. STE. 1750  
**City-St-Zip:** CHICAGO, IL 60606

I hereby 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 JOHNSON

VP

04/06/2011

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