


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**


04-06-2005 90023 004 \*\*\*\*50.00

<b>DOCUMENT # L99000000913</b>		
1. Entity Name GOLF DATATECH, L.L.C.		

Principal Place of Business <del>21 SOUTH CLYDE AVENUE</del> KISSIMMEE, FL 34741	Mailing Address <del>21 SOUTH CLYDE AVENUE</del> KISSIMMEE, FL 34741
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2. Principal Place of Business <u>204 South Rose Ave</u>	3. Mailing Address <u>204 South Rose Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip Country	Zip Country



03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3379760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
STINE, THOMAS <del>21 SOUTH CLYDE AVENUE</del> KISSIMMEE, FL 34741		Name Street Address (P.O. Box Number is Not Acceptable) <u>204 South Rose Ave.</u> City <u>FL</u> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STINE, THOMAS 1823 LEE JANZEN DR KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMEYER, DAVID 6 PINWOOD WAY MATTAPOISETT, MA 02739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRZYNOWEK, JOHN 31451 WEST SOMERSET GREEN OAKS, IL 60048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Thomas L. Stine 4/1/05 (407) 9444116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #