


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000000913
1. Entity Name
GOLF DATATECH, L.L.C.



Principal Place of Business Mailing Address
204 SOUTH ROSE AVE 204 SOUTH ROSE AVE
KISSIMMEE, FL 34741 KISSIMMEE, FL 34741



03302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

STINE, THOMAS
204 SOUTH ROSE AVE
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STINE, THOMAS 1823 LEE JANZEN DR KISSIMMEE, FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OVERMEYER, DAVID 6 PINEWOOD WAY MATTAPOISETT, MA 02739 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRZYNOWEK, JOHN 31451 WEST SOMERSET GREEN OAKS, IL 60046 |
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00000495380
04/21/06-80007-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Thomas L. Stine** 4/3/06 407-944-4116

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