


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000000913 1. Entity Name GOLF DATATECH, L.L.C.	
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Principal Place of Business 204 SOUTH ROSE AVE KISSIMMEE, FL 34741	Mailing Address 204 SOUTH ROSE AVE KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LLC CR2E083 (12/07)

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

STINE, THOMAS
 204 SOUTH ROSE AVE
 KISSIMMEE, FL 34741

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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 _____

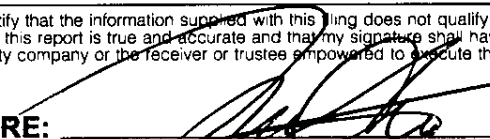
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STINE, THOMAS 3490 HOMETOWN LN SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMEYER, DAVID 6 PINWOOD WAY MATTAPOISETT, MA 02739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRZYNOWEK, JOHN 31451 WEST SOMERSET GREEN OAKS, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000807215
02/06/08-80072-010 138.75

DO NOT WRITE 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 STINE 1/28/08 4079444116

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