

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000913

FILED
Feb 25, 2009
Secretary of State

Entity Name: GOLF DATATECH, L.L.C.

Current Principal Place of Business:

204 SOUTH ROSE AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

204 SOUTH ROSE AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3379760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, THOMAS
204 SOUTH ROSE AVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

STINE, THOMAS L
4702 SE CHERIO WAY
STUART, FL 34997 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: THOMAS L STINE 02/25/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STINE, THOMAS
Address: 3490 HOMETOWN LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM () Delete
Name: OVERMEYER, DAVID
Address: 6 PINWOOD WAY
City-St-Zip: MATTAPOISETT, MA 02739

Title: MGRM () Delete
Name: KRZYNOWEK, JOHN
Address: 31451 WEST SOMERSET
City-St-Zip: GREEN OAKS, IL 60048

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STINE, THOMAS L
Address: 4702 SE CHERIO WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS L STINE MGRM 02/25/2009

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