LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90576 022 ****50.00

DOCUMENT # M01000001687

1. Entity Name
LaPlaya Golf Club LLC

DO NOT WRITE IN THIS SPACE

957229

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2. Principal Place of Business	3. Mailing Address
113 Viking Way	P.O. Box 413038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34110 Country: USA	Zip: 34101-3038 Country: USA

4. FEI Number: 04-3435641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Katherine G. Sproul

Street Address (P.O. Box Number is Not Acceptable): 2600 Golden Gate PKwy

City: Naples FL Zip Code: 34101-3038

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.

SIGNATURE: Katherine G Sproul — 5-01-02 (DATE)
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	LOCKWOOD, STEPHEN J.
STREET ADDRESS	27 CONGRESS ST, SUITE 108
CITY-ST-ZIP	SALEM, MA 01970
TITLE	MGRM
NAME	STEPHEN J. LOCKWOOD & CO LLC
STREET ADDRESS	27 CONGRESS ST, SUITE 108
CITY-ST-ZIP	SALEM, MA 01970
TITLE	MGRM
NAME	THE HALSTATT PARTNERSHIP
STREET ADDRESS	2600 GOLDEN GATE PKWY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
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CR2E083B (12/01)

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

SIGNATURE: Katherine G Sproul — 5-01-02 (Date) — 239-262-2600 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE