

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001687

Entity Name: LAPLAYA GOLF CLUB, LLC

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

113 VIKING WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

2600 GOLDEN GATE PKWY.
NAPLES, FL 34116

New Mailing Address:

FEI Number: 04-3435641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROUL, KATHERINE G
2600 GOLDEN GATE PKWY
NAPLES, FL 341013038 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOCKWOOD, STEPHEN J
Address: 27 CONGRESS ST., SUITE 108
City-St-Zip: SALEM, MA 01970

Title: MGRM () Delete
Name: STEPHEN J LOCKWOOD &, CO LLC
Address: 27 CONGRESS ST SUITE 108
City-St-Zip: SALEM, MA 01970

Title: MGRM () Delete
Name: THE HALSTATT PARTNER, SHIP
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOCKWOOD, STEPHEN J
Address: 1880 GULF SHORE BLVD S
City-St-Zip: NAPLES, FL 34105

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 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 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: KATHERINE G SPROUL

RA

03/23/2004

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