


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90079 041 ****55.00

DOCUMENT # M01000002480

1. Entity Name
 LAKEWOOD RANCH GOLF INVESTORS, LLC



Principal Place of Business
 6215 LORRAINE ROAD
 BRADENTON, FL 34202

Mailing Address
 6215 LORRAINE ROAD
 BRADENTON, FL 34202



2. Principal Place of Business - No P.O. Box #
 14400 COVENANT WAY

3. Mailing Address
 14400 COVENANT WAY

Suite, Apt. #, etc.

02012007 Chg-LLC CR2E083 (12/06)

City, State
 BRADENTON, FL

City, State
 BRADENTON, FL

Zip
 34202

Country
 USA

Zip
 34202

Country
 USA

4. FEI Number
 36-4476407

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIOFALO, ANTHONY J.
 6215 LORRAINE ROAD
 BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name
 CHIOFALO, ANTHONY J.

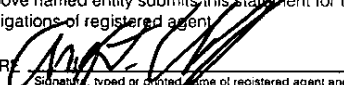
Street Address (P.O. Box Number is Not Acceptable)
 14400 COVENANT WAY

City
 BRADENTON

State
 FL

Zip
 34202

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  ANTHONY J. CHIOFALO DATE 2.1.07

Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARDNER, BOB 6215 LORRAINE ROAD BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLARKE, JOHN 6215 LORRAINE ROAD BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANAHY, TOM 6215 LORRAINE ROAD BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14400 COVENANT WAY BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14400 COVENANT WAY BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14400 COVENANT WAY BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14400 COVENANT WAY BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  ANTHONY J. CHIOFALO DATE 2.1.07 941-757-1626

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