## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 24, 2005 08:00 AM DOCUMENT # M9900000145 **Secretary of State** 1. Entity Name MEADOWBROOK EKANA, LLC Principal Place of Business Mailing Address 2100 EKANA DRIVE 8390 CHAMPIONSGATE BLVD., STE 200 CHAMPIONSGATE, FL 33896 OVIEDO, FL 32765 01102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 95-4726275 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MEADOWBROOK GOLF GROUP, INC. STREET ADDRESS 8390 CHAMPIONSGATE BLVD., SUITE 200 CITY - ST - ZIP CHAMPIONSGATE, FL 33896 TITLE NAME U00000194356 STREET ADDRESS 01/25705-80099-001 50:00 CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. (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.

FILED