

2000 UNIFORM BUSINESS REPORT (UBR)

017110 AF

DOCUMENT # M99000001656

1. Entity Name
LEGENDS GOLF, LLC

FILED *WR 3/20*
00 MAR -7 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
19762 MACARTHUR BLVD., SUITE 140
IRVINE CA 92612

Mailing Address
19762 MACARTHUR BLVD., SUITE 140
IRVINE CA 92612-2404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 33-0838334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHARLES, LAWRENCE 201 HEALTH PARK BLVD. ST. AUGUSTINE FL 32036		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in column 10:
 Managing Member Edmond F. Bouke, 24842 Buckboard Ln., Laguna Hills, CA 92653
 Managing Member Lawrence Charles, 201 Health Park Rd. Ste. 101, St. Augustine FL 32036
 Managing Member Jay Spata, 1216 Granite Circle, Bethlehem PA 18017
 Managing Member Alex von Welzack, Liebenaustr 71-1, D71111 Waldenbuch, Germany

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: *(Signature)* **SIGNATURE REQUIRED**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Date: **01-19-00** (949) 261-8098 Daytime Phone #

CRE083 (9/99)