


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001656

1. Entity Name
LEGENDS GOLF, LLC



Principal Place of Business Mailing Address

2255 OLD MOULTRIE ROAD 2255 OLD MOULTRIE ROAD
 SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 33-0838334 Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLES, LAWRENCE
 1405 KIPLING LN
 SAINT AUGUSTINE, FL 32092

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURKE, EDMOND F 2382 SE BRISTOL ST STE B NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES, LAWRENCE 1405 KIPLING LN SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPATA, JAY 1216 GRANITE CIRCLE BETHLEHEM, PA 18017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VON WEKZACK, ALEX 6064 SHELTER BAY AVE. MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/16/04-80168-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jay Spata 1/30/04 904-794-2750

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