## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000005536

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

1038 MCCELLAN STREET

FORT PIERCE, FL 34951

( ) Delete

KISSIMMEE, FL 34741

MGRM

MAYO, STEVE

6601 NORTH BLVD.

Entity Name: CLARK BAY HUNT CLUB, LLC

**FILED** Mar 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 115 BUSINESS CENTER DRIVE SUITE 1 ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** 115 BUSINESS CENTER DRIVE SUITE 1 ORMOND BEACH, FL 32174 FEI Number: 59-3723159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, SEAN JESQ. 611 BUMBY AVE. ORLANDO, FL 32803 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FRAME, JEFF Name: Name: 530 S. PINE MEADOW DRIVE Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition DAVIS, RUSTY Name: Name: Address: 930 MALABAR ROAD- UNIT 2 Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BIERFREUND, MIKE Name: Name: Address: 1108 VAN LIEU COURT Address: City-St-Zip: KISSIMMEE, FL 32477 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition ROWELL, CHARLIE

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JEFF FRAME **PRES** 03/31/2005