

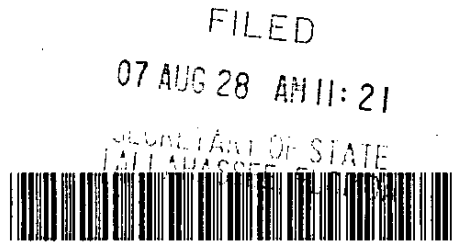
2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

556

DOCUMENT # F06000004171		
1. Entity Name LTF CLUB OPERATIONS COMPANY, INC.		

Principal Place of Business 6442 CITY WEST PKWY. EDEN PRAIRIE MN 55344	Mailing Address 6442 CITY WEST PKWY. EDEN PRAIRIE MN 55344
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. WESTON FL 33331		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and fee if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AKRADI, BAHAM	NAME	<i>8/15/07</i>
STREET ADDRESS	6442 CITY WEST PKWY.	STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	CITY-ST-ZIP	
TITLE	EVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHAEL R	NAME	
STREET ADDRESS	6442 CITY WEST PKWY.	STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	CITY-ST-ZIP	
TITLE	EVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GEREND, MICHAEL J	NAME	
STREET ADDRESS	6442 CITY WEST PKWY.	STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSS, ERIC J	NAME	
STREET ADDRESS	6442 CITY WEST PKWY.	STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KERZMAN, STEVE	NAME	
STREET ADDRESS	6442 CITY WEST PKWY.	STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	<i>Steve Kerzman</i>	Date	8/15/07	Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					