
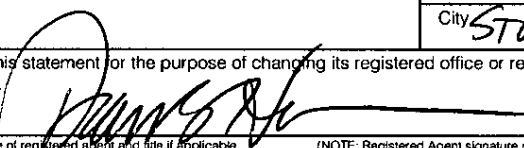


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90126 030 ****50.00

| | | | |
|---|--|---|--|
| DOCUMENT # L00000000477 | |  | |
| 1. Entity Name FRANKLIN GOLF MANAGEMENT, LLC | | | |
| Principal Place of Business 6401 CONGRESS AVE., SUITE 270 BOCA RATON, FL 33487 | | Mailing Address 6401 CONGRESS AVE., SUITE 270 BOCA RATON, FL 33487 | |
| 2. Principal Place of Business 3300 EVENTIDE PL | | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State STUART FLORIDA | | City & State | |
| Zip 34994 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent HORN, DEAN 6401 CONGRESS AVE., SUITE 270 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name DEAN B. HORN Street Address (P.O. Box Number is Not Acceptable) 3300 EVENTIDE PLACE City STUART FL Zip Code 34994 | |
| 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 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VALASSIS, D. CRAIG 6401 CONGRESS AVE., STE 270 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3955 PINNACLE CT AUBURN HILLS, MICHIGAN 48326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HORN, DEAN B 6401 CONGRESS AVE., STE 270 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 EVENTIDE PLACE STUART, FLORIDA 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SLOBOTZKY, LESLIE 6401 CONGRESS AVE., STE 270 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input 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 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 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 type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/04 954-415-1312

24063271



03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0985869

Applied For
Not Applicable

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