

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000477

FILED  
Jun 24, 2008  
Secretary of State

Entity Name: FRANKLIN GOLF MANAGEMENT, LLC

**Current Principal Place of Business:**

7000 OAKHURST LANE  
CLARKSTON, MI 48348

**New Principal Place of Business:**

**Current Mailing Address:**

7000 OAKHURST LANE  
CLARKSTON, MI 48348

**New Mailing Address:**

FEI Number: 65-0985869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VALASSIS, D. CRAIG  
Address: 3955 PINNACLE CT.  
City-St-Zip: AUBURN HILLS, MI 48326

Title: MGRM ( ) Delete  
Name: HORN, DEAN B  
Address: 4779 OAKHURST RIDGE RD  
City-St-Zip: CLARKSTON, MI 48348

Title: MGRM ( ) Delete  
Name: CHERNEY, ED  
Address: 3955 PINNACLE CT  
City-St-Zip: AUBURN HILLS, MI 48326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DEAN B. HORN

PRES

06/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date