

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003617

FILED
Jul 13, 2004
Secretary of State

Entity Name: GOLFBALL GRAPHICS, L.L.C.

Current Principal Place of Business:

762 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

762 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0984842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, JAMES P
443 SE EVERGREEN TERRACE
PORT ST. LUCIE, FL 34983 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/MEMBERS:

Title: P () Delete
Name: MACDONALD, JAMES P
Address: 443 SE EVERGREEN TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM () Delete
Name: MACDONALD, LYNN
Address: 443 SE EVERGREEN TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGR () Delete
Name: GRIFFIN, TODD A
Address: 2074 SW AARON
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGR () Delete
Name: MACDONALD, WILLIAM A
Address: 443 SE EVERGREEN TERR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACDONALD, JAMES P
Address: 443 SE EVERGREEN TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

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 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.

SIGNATURE: LYNN MACDONALD

MGRM

07/13/2004

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