## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004135

WINTER SPRINGS GOLF, LLC

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92170 007 \*\*\*\*55.00

Principal Plac	e of Business	Mailing Address	Mailing Address							
99 CHERRY HILL ROAD. SUITE 305 PARSIPPANY NJ 07054		1420 ROUTE 206 N., SUI BEDMINSTER NJ 07921	1420 ROUTE 206 N. SUITE 120 BEDMINSTER NJ 07921			· · · · · · · · · · · · · · · · · · ·				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State	City & State			ber 22-372114	14	<u> </u>	pplied For	
Zip	Country	Country Zip Co			5. Certifica	te of Status Desired	\$5.00 Additional Fee Required			
	6. Name and Address of Currer	nt Registered Agent	Jistered Agent		7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name  Street Address (P.O. Box Number is Not Acceptable)						
			(	City			FL	Zip Cod	le	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	ts registered	office or regi	stered agent, or b	oth, in the State of Fl	orida. I am fa	ımiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	no and the it analizable. (b)	OTF. Dogitared A		juired when reinstating)		DATE			
9.	MANAGING MEM	Make Check Paya	NOW!!! FE ble to Flori ue By May	da Departi		ADDITIONS	/CHANGES	<u>.</u>		
TITLE	MGR	Delete	TITLE			N.S.S.M.S.M.S.	7 0111 01020	Change	Addition	
NAME	REACT GOLF		NAME	Ì						
STREET ADDRESS CITY-ST-ZIP	1420 ROUTE 206N., STE 120 BEDMINSTER NJ 07921		STREET A	J						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 112 100 112 1100 114 1111 111 1110 1120 11			address -Zip		<del>-</del> -	<del>-</del>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition	
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		☐ Delete	TITLE NAME STREET A CITY-ST-	-ZIP		ı		☐ Change	☐ Addition	
11. I hereby of indicated limited lial	sertify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	th the filing does not qualify for distance shall have see enhowered to execute this			section 119.07(3 if made under oa apter 608, Florida	)(i), Florida Statutes. th; that I am a mana i Statutes.	I further certi	fy that the ir or manage	nformation or of the	

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date