2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90039 003 ****50.00

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1. Entity Name
CLUB FUNCTIONS, L.L.C.

Principal Place of Business	Mailing Address
105 BARBADOS DR. JUPITER, FL 33458 US	343 FOUTCH DRIVE COOKEVILLE, TN 38501 US

01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1030144
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAWYER ENTERPRISES, LLC – Correction
STREET ADDRESS	258 BARBADOS DR.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGRM
NAME	DEW, ROBBIE
STREET ADDRESS	4047 PENHURST DR.
CITY-ST-ZIP	MARIETTA, GA 300626162
TITLE	
NAME	Carl and Brannon Sawyer Enterprises, LLC
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: Christy Sawyer 4/10/07 561-622-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #