

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009587

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: CLUB CONSULTANTS LLC

**Current Principal Place of Business:**

500 MISTY PINES CIRCLE, #202  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

500 MISTY PINES CIRCLE, #202  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 65-1030088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WERNERSBACK, WILLIAM F  
1800 N. 42 AVE.  
HOLLYWOOD, FL 33021 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: WERNERSBACK, WILLIAM F  
Address: 1800 NORTH 42ND AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: TURNER, STACIA A  
Address: 5121 CASTELLO DRIVE SUITE 1  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: TURNER, STACIA A  
Address: 500 MISTY PINES CIRCLE, #202  
City-St-Zip: NAPLES, FL 34105

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: WILLIAM F. WERNERSBACK

MGRM

02/13/2008

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