

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009735

1. Entity Name
SMYERS GOLF, LLC



Principal Place of Business
**1401 CHAMPIONS DR.
MARION, IL 62959**

Mailing Address
**PO BOX 1902
MARION, IL 62959**



03042004No.Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3689034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUVENAGE, JULIE D
1905 S. FLORIDA AVE.
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

U000000089655
03/15/04-80101-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | MASTERS INTERNATIONAL INC. |
| STREET ADDRESS | 1905 S. FLORIDA AVE. |
| CITY-ST-ZIP | LAKELAND, FL 33803 |
| TITLE | MGRM |
| NAME | SMYERS, STEVEN R |
| STREET ADDRESS | 2622 WEST MEMORIAL BLVD. |
| CITY-ST-ZIP | LAKELAND, FL 338151098 |
| TITLE | MGRM |
| NAME | DUVENGE, STEPHANUS J |
| STREET ADDRESS | 1905 S. FLORIDA AVE. |
| CITY-ST-ZIP | LAKELAND, FL 33803 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Steven R. Smyers **STEVEN R. SMYERS** 3/9/04 863-683-6000