2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009735

1. Entity Name
SMYERS GOLF, LLC

Principal Place of Business	Mailing Address
1401 CHAMPIONS DR. MARION, IL 62959	PO BOX 1902 MARION, IL 62959

DO NOT WRITE IN THIS SPACE

07072006 No Chg-LLC CR2E083 (11/05)

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

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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 September 6, 2006

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/06-80016-019 50.00

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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: Steven R Smyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #