

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000011544

1. Entity Name  
CARA CARA GOLF CLUB, LLC

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
661 BRYN MAWR STREET  
ORLANDO FL 32804-4427

Mailing Address  
691 BRYN MAWR STREET  
ORLANDO FL 32804-4427



2. Principal Place of Business  
4305 NEPTUNE RD.  
Suite, Apt. #, etc.

3. Mailing Address  
4305 NEPTUNE RD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST. CLOUD FL  
Zip  
34769  
Country  
USA

City & State  
ST. CLOUD FL  
Zip  
34769  
Country  
USA

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGC Co.  
200 South Orange Avenue  
Orlando, FL 32801

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE *James J. Lentz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/01

FILE NOW!!! FEE IS \$50.00.  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete  
Three E Corporation  
4305 Neptune Road  
St. Cloud, Florida 34769

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition  
700004221357--2  
-05/17/01--01009--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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: *James J. Lentz*  
President

3-23-01 407-891-1616

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

Date

Daytime Phone #

CR2E083 (11/00)