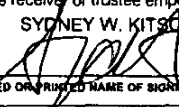


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 006 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000014644					
1. Entity Name GALE & WENTWORTH GOLF MANAGEMENT GROUP, LLC					
Principal Place of Business 9055 IBIS BLVD. WEST PALM BEACH, FL 33412		Mailing Address 9055 IBIS BLVD. WEST PALM BEACH, FL 33412			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2580673	
Zip		Country		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	
SPEER, GEORGE G 9055 IBIS BLVD WEST PALM BEACH, FL 33412				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. 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 reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete			
NAME	KITSON, SYDNEY				
STREET ADDRESS	9055 IBIS BLVD.				
CITY-ST-ZIP	WEST PALM BEACH, FL 33412				
TITLE	MGR	☐ Delete			
NAME	LEEDER, MIKE				
STREET ADDRESS	9055 IBIS BLVD.				
CITY-ST-ZIP	WEST PALM BEACH, FL 33412				
TITLE	MGR	☐ Delete			
NAME	SPEER, GEORGE G				
STREET ADDRESS	9055 IBIS BLVD.				
CITY-ST-ZIP	WEST PALM BEACH, FL 33412				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
SYDNEY W. KITSON, MANAGER					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4-23-07 Daytime Phone #					