


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000421 1. Entity Name NICKLAUS GOLF CENTERS, LLC	
---	---

Principal Place of Business 11780 U.S. HIGHWAY #1 SUITE 400 NORTH PALM BEACH, FL 33408	Mailing Address 2538 GOLDEN BEAR DRIVE SUITE 201 CARROLLTON, TX 75006
--	---



01092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY #1 SUITE 400 NORTH PALM BEACH, FL 33408
--

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDEN BEAR GOLF, INC. 11780 US HWY ONE, STE 400 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCOCK, SCOTT 2538 GOLDEN BEAR DRIVE #201 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENSON, TOM 2538 GOLDEN BEAR DRIVE #201 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000011533
01/23/04-80041-011 50.00

**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: Thomas Stevenson **1/12/04** **972-243-4084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #