

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000421

FILED
Jan 05, 2007
Secretary of State

Entity Name: NICKLAUS GOLF CENTERS, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

533 E RIVERSIDE DRIVE
SUITE 200
EAGLE, ID 83616

New Mailing Address:

FEI Number: 65-1090469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDEN BEAR GOLF, IN, C.
Address: 11780 US HWY ONE, STE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: ADCOCK, SCOTT
Address: 533 E RIVERSIDE DRIVE, SUITE 200
City-St-Zip: EAGLE, ID 83616

Title: MGRM () Delete
Name: STEVENSON, TOM
Address: 533 E RIVERSIDE DRIVE, SUITE 200
City-St-Zip: EAGLE, ID 83616

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MEMB

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date