

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000421

**FILED**  
**Jan 03, 2012**  
**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:**

842 E WINDING CREEK DR  
EAGLE, ID 83616

**New Mailing Address:**

500 E SHORE DR  
120  
EAGLE, ID 83616

**FEI Number:** 65-1090469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAILE SHAW & PFAFFENBERGER, P.A.  
660 US HIGHWAY #1, 3RD FLOOR  
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  
**Name:** ADCOCK, SCOTT  
**Address:** 500 E SHORE DR, #120  
**City-St-Zip:** EAGLE, ID 83616

**Title:** MGRM  
**Name:** STEVENSON, TOM  
**Address:** 2813 DOWNING ST  
**City-St-Zip:** FLOWER MOUND, TX 75028

I hereby 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:** TOM STEVENSON

MGRM

01/03/2012

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