2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000980

1. Entity Name

WOMEN GOLF 2, LLC

Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801	200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801

2. Principal Place of Business *8815 Conroy Windermere Rd*
Suite, Apt. #, etc. *#333*
City & State *Orlando, Fl.*
Zip *32835* Country *USA*

3. Mailing Address *20 North Orange Ave.*
Suite, Apt. #, etc.
City & State *Orlando, FL.*
Zip *32801* Country *USA*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3693786 — 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
ANDERSON, WENDY ESQ. 200 SOUTH ORANGE AVE.; SUITE 2300 ORLANDO FL 32801	Name *Anderson, Wendy Esq.* Street Address (P.O. Box Number is Not Acceptable) *20 North Orange Ave.* City *Orlando* FL Zip Code *32801*

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME MILLER, GALEN STREET ADDRESS 8815 CONROY WINDEMERE RD STE333 CITY-ST-ZIP ORLANDO FL 32835-3129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition *Correction* *Windermere*
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: ☒ *Galen Miller* REQUIRED *April 15, 2003* *407-876-1955*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #