

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90126 029 ****50.00

DOCUMENT # L01000001287

1. Entity Name
FRANKLIN GOLF INVESTORS, LLC



Principal Place of Business
**6401 CONGRESS AVE., SUITE 270
BOCA RATON, FL 33487**

Mailing Address
**6401 CONGRESS AVE., SUITE 270
BOCA RATON, FL 33487**

24063272



2. Principal Place of Business

3. Mailing Address

03292004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1100847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORN, DEAN
6401 CONGRESS AVE
STE 270
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Dean B. Horn**

Street Address (P.O. Box Number is Not Acceptable)
3300 Eventide Place

City **Stuart**

FL

Zip Code
34994

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HORN, DEAN**
STREET ADDRESS **6401 CONGRESS AVE, STE 270**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **MGRM** ☐ Delete
NAME **CHERNEY, EDWARD**
STREET ADDRESS **39400 WOODWARD AVE, STE 270**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 43804**

TITLE **MGRM** ☐ Delete
NAME **VALASSIS, D CRAIG**
STREET ADDRESS **39400 WOODWARD AVE, STE 270**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 43804**

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 **3300 Eventide Place**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3955 Pinnacle Court, Suite 200**
CITY-ST-ZIP **Auburn Hills, MI 48326**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **3955 Pinnacle Court, Suite 200**
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TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #