## FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90574 042 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY** 

30066509

| Military Address of Business 11 CONNECK ROAD 10 COLUMN, NA 02370  2. Military Address 3. Military Address  | DOCU                     | NIFORM BUSINES MENT #L010000047  |  | (UE                               | R)/  |  | ·             |               | 000                   |
|--|--------------------------|--|--|-----------------------------------|--|--|---------------|---------------|-----------------------|
| 11 CORRECTE ROAD ROCKLAMD, NA. 02370 Rocklamd, | MILLER (                 | GOLF COMPANY, LLC  |  |                                   |  |  |               |               |                       |
| Site, Apt. 4, etc.    City & State   | 11 COMMERC               | E ROAD   | 11 COMMERCE ROAD   |                                   | · -=   |  |               |               |                       |
| Suite, Apt. 4, etc.    City & State  |                          |  |  |                                   |  | Demonstrate and an incompletion with a second                    | alli Sähn Rec | ı Armık IMBİL | 81818 <b>E</b> an 188 |
| COLY & State  City & State  Country  Zip  Country  E. Centificate of Status Desired  For Required  F | 2. Principal F           | Place of Business  | 3. Mailing Address   |                                   |  |  |               |               |                       |
| Zp   | Suite, Apt.              | #, etc.  | Suite, Apt. #, etc.  |                                   |  | CHECK HERE IF MAKING CHANGES                                     |               |               |                       |
| Zip Country Zip Country 5. Certificate of Status Desired Status Desired Son Redditional Poly Regulated Convention of Current Regulated Agent 7. Name and Address of New Designative Agent Poly Required Too Required Too Required Agent 7. Name and Address of New Regulatered Agent 8. The above in area entity submits first datament for the purpose of changing its regulatered office or registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas. I am familiar with, and accept the coligations of registered agent. Or both, in the State of Fontas and accept the Color of the Interest of Fontas accept the Color of Font | City & Stat              | te   | City & State   |                                   |  | 4. FEI Number<br>04-3555612                                      | <del></del> - |               |                       |
| CORPDIRECT AGENTS  CORPDIRECT AGENTS  TALLAHASSEE, FL 32301  City  City  FL  Zip Code  8. The above names entity submits this statement for the nurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent.  SIGNATURE  Elyman, quality submits this statement for the nurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent.  FLE NORWIFE FELT S. 400 (co. 1)  Elyman, quality submits a statement and its substance.  OFFE Registeria Agents pursue supmits displaced agent.  Business of the submits of the s | Zip                      | Country  | Žìp  | Cour                              | ntry   |  |               | 5.00 Add      | ditional              |
| CORPORECT AGENTS  TALLAHASSEE, FL 32301  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  IGNATURE S |                          | 6. Name and Address of Current F   | legistered Agent   | <u> </u>                          |  | 7. Name and Address of New Re                                    |               |               |                       |
| City FL Zip Code  a. The above married entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the coligations of registered agent.  SIGNATURE   | CORPDIRE                 | CT AGENTS  |  |                                   | Name   |  |               |               |                       |
| B. The above named entity submits this dataement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent.  SIGNATURE    Submits, registered algent.   Control   |                          |  | EL   |                                   | Street Address (   | P.O. Box Number is Not Acceptable                                |               |               |                       |
| B. The above named entity submits this datement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent.  SIGNATURE    Signature, square unined one of equivalent agent and the faulticides.   DOTE Required algent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of registered algent. Or both, in the State of Florida. I am familiar with, and accept the collipations of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the familiar with and accept the familiar with accept the state of Florida. I am familiar with, and accept the familiar with accept the familiar with accept the familiar with accept the familiar with, and accept the familiar with  |                          |  |  |                                   |  | · · · · · · · · · · · · · · · · · · ·                            |               |               |                       |
| BIGNATURE    SIGNATURE   |                          |  |  |                                   | City   |  | FL            | Zip Cod       | e<br>                 |
| B. MANAGING MEMBERS/ MANAGERS 10. ADDITIONS/CHANGES  ITILE MGRM DEFER DATES  BOARD ADDITIONS/CHANGES  ITILE MGRM DEFER DATES  BOARD DATE Change Addition  MARE DOARD ADDITIONS/CHANGES  ITILE MGRM DEFER DATES  CITY-51-2P MIAMI, FL 33129  CITY-51-2P MEMPHIS, TN 38119  Defee TILE MARE STREET ADDITESS  CITY-51-2P MEMPHIS, TN 38119  Defee TILE MARE STREET ADDITESS  CITY-51-2P MEMPHIS, TN 38119  Defee TILE MARE STREET ADDITESS  CITY-51-2P MEMPHIS, TN 38119  Defee TILE MARE STREET ADDITESS  CITY-51-2P MEMPHIS, TN 38119  Defee TILE MARE STREET ADDITESS  CITY-51-2P MEMPHIS MARE STREET ADDITESS  CITY-51-2P MEMPHIS MARE MARE STREET ADDITESS  CITY-51-2P MEMPHIS MARE MARE STREET ADDITESS  CITY-51-2P MARE MARE MARE MARE MARE MARE MARE MARE   | the obligat              | tions of registered agent.   |  |                                   |  |  |               |               | and accept            |
| P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MGRM BOGAR, DANIEL BURGAR, DANIEL BURG |                          |  |  |                                   |  |  |               |               |                       |
| ITILE MARK BOGAR, DANIEL SINETADORSS CITY-ST-2P MIAMI, FL 33129  ITILE MARE DAVIS, JAMES STRETADORSS CITY-ST-2P MIAMI, FL 33129  ITILE MARE DAVIS, JAMES STRETADORSS CITY-ST-2P  ITILE MARE DAVIS, JAMES STRETADORSS CITY-ST-2P  ITILE MARE DAVIS, STRETADORSS CITY-ST-2P  ITILE MARE STRETADORSS CITY-S |                          |  | Make Check Payab   | le to Fl                          | orlda Departmer  | t of State   | ,             | -             | - •                   |
| MAME STRET ADDRESS CITY-ST-2IP  | 9.                       | MANAGING MEMBER  | RS/MANAGERS  | 10,                               | <u> </u>   | ADDITIONS/   | HANGES        |               |                       |
| MAKE STRET ADDRESS CITY-ST-2IP TITLE MAKE STRET  |                          |  | ☐ Delete   |                                   | -  |  |               | Change        | ☐ Addition            |
| MAME STRET ADDRESS CITY-ST-2IP  | STREET ADDRESS           | 1221 BRICKELL AVENUE, 25TH   | FL   | SIR                               | EET ADDRESS  |  | •             |               | -                     |
| STRET ADDRESS CITY-ST-2IP  MEMPHIS, TN 38119  Delete TITLE MAKE STRET ADDRESS CITY-ST-2IP  TITLE MAKE STRET  |                          | **   | ☐ Delete   |                                   | -  |  |               | Change        | ☐ Addition            |
| TITLE    Delete   ITILE     MALE   MA | STREET ADDRESS           | 6076 POPLAR AVE., STE. 202   |  | 51 H                              | EET ADDRESS  |  |               |               |                       |
| MAME STRET ADDRESS CITY-ST-ZIP  Delde:  TITLE  MAME STRET ADDRESS CITY-ST-ZIP  TITLE  Delde:  TITLE  MAME STRET ADDRESS CITY-ST-ZIP  TITLE  Delde:  TITLE  MAME STRET ADDRESS CITY-ST-ZIP  TITLE  MAME STRET ADDRESS  |                          | MEMPHIS, IN 38119  |  |                                   |  |  |               | Change        | Addition              |
| MAME STREET ADDRESS CITY -ST - ZIP  Delete TITUE STREET ADDRESS CITY -ST - ZIP  TITUE NAME STREET ADDRESS CITY -ST - ZIP  TITUE N | NAMÉ<br>Street adoness   |  | <i></i>  | NAM<br>Stri                       | E ET ADDRESS   |  |               |               | _                     |
| STREET ADDRESS  CITY-ST-ZIP  Delese  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Addition  Addition  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST- |                          |  | ☐ Delete   |                                   | ,  |  |               | Change        | Addition              |
| MUSE STRET ADDRESS CITY-ST-ZIP TITLE Delice TITLE TITL | STREET ADDRESS           |  |  | 51 H                              | EET ADDRESS  |  |               |               |                       |
| SIRET ADDRESS CITY-ST-ZIP  TITLE    Delde   ITILE   NAME STRET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME STRET ADDRESS   CITY-ST-ZIP    ITILE   Delde   ITILE   NAME STRET ADDRESS   CITY-ST-ZIP    III. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119-07(3XI). 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 pre-scale-short tristing empowered to execute this report as required by Chapter 608, Florida Statutes.  QD 5-910 - 85300  |                          |  | ☐ Delete   |                                   | ·  |  |               | Change        | Addition              |
| THE NAME STRET ADDRESS CITY-ST-2IP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 prefered effort trastree empowered to execute this report as required by Chapter 608, Florida Statutes.  QD 5 - 91.0 - 8530  | STREET ADDRESS           |  |  | STIP                              | EFI ADDRESS  |  |               |               |                       |
| INME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 oals; that I am a managing member or manager of the limited liability company or prefered effor traste empowered to execute this report as required by Chapter 606, Florida Statutes.  QD 5-91.0 - 85300   |                          | <del> </del>   | ☐ Delete   |                                   |  |  |               | Change        | Addition              |
| indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under callt; that I am a managing member or manager of the illimited liability company or the received control traffice empowered to execute this report as required by Chapter 608, Florida Statutes.   | NAME<br>STREET ADDRESS   |  |  | MAH<br>Stre                       | E<br>ET ADORESS  |  |               |               |                       |
|  | indicated<br>limited lia | on this report is true and accurate and the billity company or the vece letter trustee | this filing does not qualify to<br>that my signature shall have<br>empowered to execute this | r the exe<br>the sam<br>report as | mption stated in See legal effect as if me sequired by Chapt | lade under oath; that I am a managi<br>er 608, Florida Statutes. | ng member     | or manage     | r of the              |