

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 018 ****50.00

DOCUMENT # L01000006567

1. Entity Name
INVERRARY GOLF CLUB, LLC



Principal Place of Business
3840 INVERRARY BLVD.
LAUDERHILL, FL 33319

Mailing Address
C/O FORE GOLF PARTNERS
10688-C CRESTWOOD DRIVE SUITE C
MANASSAS, VA 20109-3464 US

DO NOT WRITE IN THIS SPACE

07052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1105109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K
18086 SE VILLAGE CIRCLE
TEQUESTA, FL 33469-2525

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STAPLES, CHARLES K MR
STREET ADDRESS	18086 SE VILLAGE CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	MGR
NAME	FORE GOLF PARTNERS
STREET ADDRESS	10688-C CRESTWOOD DRIVE SUITE C
CITY-ST-ZIP	MANASSAS, VA 201093464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

8/20/04

Date

703-347-7237

Daytime Phone #