2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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 SUITEC MANASSAS, VA 20109-3464 US

FILED Feb 07, 2005 8:00 am Secretary of State

02-07-2005 90283 045 ****50.00

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01262005 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

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		-
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGRM STAPLES, CHARLES K MR 18086 SE VILLAGE CIRCLE TEQUESTA, FL 33469		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORE GOLF PARTNERS 10688-C CRESTWOOD DRIVE SUITE C MANASSAS, VA 201093464		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE
TITLE NAME			

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 oath; that I am a managing member or manager of the limited liability company or the receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

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

2/2/05

703.367.7237

Daytime Phone #