

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006970	
1. Entity Name ROYAL GOLF CLUB, L.L.C.	

Principal Place of Business 2011 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33179	Mailing Address 2011 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33179
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03222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099827	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent ROSE, ELLEN ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVE., SUITE 2400 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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

UD00000095385
03/24/04-00030-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGENBERG, ISAIL 2011 NE 214 STREET NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGENBERG, SALO 2010 NE 214 TERRACE NORTH MIAMI BEACH, FL 33179
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  ISAIL WAGENBERG, MGRM **3/20/04** **(305) 931 7636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #