2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # L0100008365 1. Entity Name MR. BIG'S 19TH HOLE, LLC							02-06-2006 90177 028 ****50.00					
Principal Place 3577 CLARK SARASOTA, F	Mailing Address 5777 LAMBERT PLACE SARASOTA, FL 34231	AMBERT PLACE			20005543							
2. Principal Place of Business 38-77 Clark Road Suite, Apt. #, etc.			3. Mailing Address 38-77 Clark Road Suite, Apt. #, etc.				01232006 Chg-LLC CR2E083 (11/05)					
City & State Sarasota FL		City & State Sarasota FL		4.	FEI Numb				<u> </u>	plied For t Applicable		
zip 34aる	33	Country	^{Zip} 34333	Country	′	5.	Certificate	of Status Desir	red		5.00 Add ee Required	
	6. Name	and Address of Current R	egistered Agent		Nome	7.	Name and	Address of N	ew Regi	stered A	gent	
ELLIOTT, THOMAS S 3877 CLARK RD. SARASOTA, FL 34231					Name Street Address (P.O. Box Number is Not Acceptable)							
				_	City						7:a Cada	
					City					FL	Zip Code	
	named entiti ions of regist		the purpose of changing its r	registered	office or r	registered a	agent, or bo	oth, in the State	of Florida	a. 1am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	d ute d'applicable (NOTE	Benistered A	gent signature					DATE		
Filing Fee is \$50.00 Due by May 1, 2006				Thogas cross re	90	e redinsed when	u censtating)			DATE		
Fi Di	iling Fee l ue by Ma	ls \$50.00				re required wher	remstating)			heck pa	yable to nt of State	
9.	ue by Ma	ls \$50.00	S/MANAGERS	10.		e required when	(earistating)	FI		heck pa epartme	nt of State	
Di	MGRM ELLIOTT, 6481 TAE	IS \$50.00 y 1, 2006 MANAGING MEMBER THOMAS		10. TITLE NAME	ADDRESS	e required when	n (earstaung)	FI	orida D	heck pa epartme	-	Addition
9. TITLE NAME STREET ADDRESS	MGRM ELLIOTT, 6481 TAE	MANAGING MEMBER THOMAS EDA DR.	S/MANAGERS	10. TITLE NAME STREET CITY-SI TITLE NAME STREET	ADDRESS 1-ZIP	Mer Rick 783	rard	Kunz	ONS/CH	heck pa epartme	Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ELLIOTT, 6481 TAE	MANAGING MEMBER THOMAS EDA DR.	S/MANAGERS □ Delete	10. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS	Mer Rick 783		Kunz	ONS/CH	heck parentee partme	Change	Addition
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limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Thomas t

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941-927-1888

Daytime Phone #