2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100009348

1. Entity Name

CLUB L.P. INVESTMENT CLUB, L.L.C.



FILED Aug 14, 2003 8:00 am Secretary of State

08-14-2003 90047 005 ****50.00

	,	GOOD WE TRUST					
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
404 JENKS AVE.	404 JENKS AVE.		• •		• •		
PANAMA CITY FL 32401	PANAMA CITY FL 32401						
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2. Principal Place of Business	3. Mailing Address						
433 SOUTH PALS ALTO		TH PALO ALTO					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE	F MAKING	CHANGES		
City & State	City & State		4. FEI Number 59-3722793	3	Aı	pplied For	
PANAMA CITY, FL	PANAMA C					ot Applicable	
32401 Country BAY	^{Zip} 32401	Country BAY	5. Certificate of Status Desired		5.00 Add		
6. Name and Address of Current R		DAT_	7. Name and Address of New Ro			,a	
	- 4 Agent	- Name	7. Name and Address of New A	sgistered At	12 · ***		
GIOIELLO, JOHN L							
404 JENKS AVE.		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32401							
					T		
		City		FL	Zip Cod	е	
8. The above named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Flo	ida. I am fa	miliar with,	and accept	
the obligations of registered agent.		× .					
SIGNATURE		·	·				
Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	DATE			
· 	FILE NO	OW!!! FEE IS \$50.00					
	Make Check Payabl	e to Florida Departm	ent of State				
	Due By	September 24, 2003			•		
9. MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/	CHANGES			
TITLE MGR .	Delete	TITLE	I C-R		¥€5 .	Addition	
NAME MCDONOUGH, MATTHEW L		NAME 2	. CRAIL TAYLOX	•		,	
STREET ADDRESS 521 E. 4TH ST.			26 LUVERNE AVE				
CITY-ST-ZIP PANAMA CITY FL 32401			ANAMA CITY, FC				
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					

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: _

JRE: PUGICATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/7/03

850-769-2371

Daytime Phone #