

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000010726

1. Entity Name  
BAY MEADOWS GOLF CLUB, LLC



Principal Place of Business  
7981 BAYMEADOWS CIR W  
JACKSONVILLE, FL 32256

Mailing Address  
10688-C CRESTWOOD DR.  
MANASSAS, VA 20109



04172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2634692

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

**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 May 1, 2004**

000000126847  
04/26/04-30053-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME FORE GOLF PARTNERS, LLC  
STREET ADDRESS 10688-C CRESTWOOD DR.  
CITY - ST - ZIP MANASSAS, VA 20109

TITLE MGR  
NAME STAPLES, CHARLES K  
STREET ADDRESS 10688-C CRESTWOOD DR  
CITY - ST - ZIP MANASSAS, VA 20109

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

4/21/04

Date

703-367-7237

Daytime Phone #