# 2005 LIMITED LIABILITY COMPANY

#### **ANNUAL REPORT** DOCUMENT # L01000010726 1. Entity Name BAY MEADOWS GOLF CLUB, LLC Principal Place of Business Mailing Address 7981 BAYMEADOWS CIR W 10688-C CRESTWOOD DR.

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

02-07-2005 90283 020 \*\*\*\*50.00

SUDDATTE



#### 01262005 No Chg-LLC DO NOT WRITE IN THIS SPACE

MANASSAS, VA 20109

Applied For 4. FEI Number 58-2634692 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K 18086 SE VILLAGE CIRCLE TEQUESTA, FL 33469

JACKSONVILLE, FL 32256

## DO NOT WRITE IN THIS SPACE

SIGNATURE		The above named entity submits this statement for the purpose of chathe obligations of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and acce	pt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SI	SNATURE : Signeture, typed or printed name of registered agent and title if applicable.	(NOTE Deviatored Apply signature are rised when releaselies)	DAYE	

#### Filing Fee is \$50.00 Due by May 1, 2005

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		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	,	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby of indicated	perify that the information supplied with this filing does not qualify for the exe on this report is true and accurate and that my signature shall have the sam	

### DO NOT WRITE IN THIS SPACE

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ed to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the rece

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

36フ・フィミン

Daytime Phone #