Amended

LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000011470

1. Entity Name

RUSKIN GOLF, LLC



FILED

03 JUN -5 PH 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Business 3. Mailing 900.0				400017	7275084	
880 Cypress Village Blvd Suite, Apt. #, etc.		880 Cypress Village Blvd Suite, Apt. #, etc.			92003 **55.00 EIN THIS SPACE	
City & State Ruskin, FL		City & State Ruskin, FL		4. FEI Number 22-3814059	Applied For Not Applicable	
^{Ζίρ} 33573	Country Hillsborough	33573	Country Hillsborough	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
			Name CT C	7. Name and Address of Current F	Registered Agent	
DO NOT WRITE				Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			Sireer Address	Street Address (r. C. Box Number is Not Acceptable)		
			1200 South	1200 South Pine Island Road		
			City PLanta	tion	FL Zip Code 33324	
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. DALE W. MORRIS						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. ASSISTANT VICE PRESIDENT DATE						
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMB	ERS/MANAGERS				
title Name	MGRM		TITLE			
STREET ADDRESS	JERRY PETTUS, SR. 880 Cypress Village Blvd		STREET ADDRESS		g	
CITY-ST-ZIP	Ruskin, FL 33573		city-si-ZP		à	
TITLE Name			FILE KAME		ရို	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u></u>	 	CIY/SI-ZIP			
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CITY-ST-ZIP			CIX-21-4P			
TITLE NAME			TRLE NAME		PAGE	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CUA-21-516			
TITLE			THE CONTRACTOR			
NAME STREET ADDRESS	,		NAME Stieet address			
CITY-ST-ZIP			CITY ST ZIP			
TITLE						
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			

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