## **2005 LIMITED LIABILITY COMPANY**

## FILED **ANNUAL REPORT** Jan 12, 2005 08:00 AM **DOCUMENT # L01000011595 Secretary of State** 1. Entity Name IRD GOLF, LLC Principal Place of Business Mailing Address 7860 PETERS ROAD - SUITE F-111 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324 PLANTATION, FL 33324 01032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1140623 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ DO NOT WRITE C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 IN THIS SPACE FT. LAUDERDALE, FL 33308 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 it applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MILE MGRM SADKIN, S. MARTIN NAME STREET ADDRESS 7860 PETERS ROAD - SUITE F-111 CITY-ST-ZIP PLANTATION, FL 33324 U00000178380 TITLE 01/12/05-80024-024 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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. QJY.

**SIGNATURE:** 

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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