


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011595</b> 1. Entity Name IRD GOLF, LLC	
---	---

Principal Place of Business 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324	Mailing Address 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324
---	---

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1140623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR, ESQ  
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.  
2400 EAST COMMERCIAL BLVD., SUITE 826  
FT. LAUDERDALE, FL 33308

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000738461  
05/11/07-80069-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **S. Martin Sadkin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Managing Member** **984-310-7188**  
Date **April 24, 2007** Daytime Phone # \_\_\_\_\_