

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 035 ****50.00

DOCUMENT # L01000011759 1. Entity Name GOLF STRATEGIES, LLC			
Principal Place of Business 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761		Mailing Address 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761	
2. Principal Place of Business 737 MAIN STREET Suite, Apt. #, etc. 201		3. Mailing Address 737 MAIN STREET Suite, Apt. #, etc. 201	
City & State SAFETY HARBOR, FL Zip 34695 Country FLORIDA		City & State SAFETY HARBOR, FL Zip 34695 Country FLORIDA	
4. FEI Number 59-3737186		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, STEVEN W 8200 BRYAN DAIRY RD., STE. 300 LARGO, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, W. DOUGLAS 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 MAIN ST, STE 201 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARICLE, MICHAEL J 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARICLE, CLAUDIA J 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 MAIN ST, STE 201 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, KATHRINE 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOM WHEARY _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR TOM WHEARY 737 MAIN ST, ST 201 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. DOUGLAS WHITE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/10/04 Date	
727-726-9533 Daytime Phone #		727-726-9533 Daytime Phone #	