


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013365 1. Entity Name OLD FLORIDA GOLF, L.C.	
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Principal Place of Business 2802 TERRA CEIA BAY BOULEVARD PALMETTO, FL 34221	Mailing Address 2802 TERRA CEIA BAY BOULEVARD PALMETTO, FL 34221
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04062004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1125312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEIFFENBACH, E. JON 538 12TH STREET WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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**

U000000126857
04/23/04-80050-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIFFENBACH, E. JON 538 12TH STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYLES, CHRISTOPHER P 2802 TERRA CEIA BAY BOULEVARD PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jeff Walters Jim Walters 4-20-04 9417298029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #