


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90157 003 ****50.00

DOCUMENT # L01000015487	
1. Entity Name PLAYMOREGOLFGAMES MARKETING, LLC	

Principal Place of Business 934 NORTH MAGNOLIA AVENUE, SUITE 200 ORLANDO FL 32803	Mailing Address 934 NORTH MAGNOLIA AVENUE, SUITE 200 ORLANDO FL 32803
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2. Principal Place of Business 2290 Black Jack Oak St. Suite, Apt. #, etc.	3. Mailing Address 2290 Black Jack Oak St. Suite, Apt. #, etc.
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City & State Ocoee, FL	City & State Ocoee, FL
Zip 34761-5605	Country USA

4. FEI Number 59-3739736	<input type="checkbox"/> 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	
SHERMAN, LES 934 N MAGNOLIA AVE STE 200 ORLANDO FL 32803 2290 Black Jack Oak St. Ocoee, FL 34761-5605	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERMAN, LES 934 N MAGNOLIA AVE STE 200 ORLANDO FL 32803 2290 Black Jack Oak St. Ocoee, FL 34761-5605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMOOKA, BRIAN 934 N MAGNOLIA AVE STE 200 ORLANDO FL 32803 2290 Black Jack Oak St. Ocoee, FL 34761-5605
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	6/13/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		