

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90083 041 ****50.00

DOCUMENT # L01000015746

1. Entity Name

WALKABOUT GOLF & COUNTRY CLUB, LLC



Principal Place of Business

2500 QUANTUM LAKES DR. #101
BOYNTON BEACH, FL 33426

Mailing Address

7 CORPORATE PLAZA
NEWPORT BEACH, CA 92660

20003753



01202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MACDONALD, DOUGLAS B
STREET ADDRESS 10142 HERONWOOD LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE MGRM
NAME BRESOUN, FIORENZO
STREET ADDRESS 10892 EGRET POINTE LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE MGRM
NAME OLENICOFF, ANDREI
STREET ADDRESS 1062 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE MGRM
NAME OLENICOFF, IGOR
STREET ADDRESS 1062 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33074

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

1-21-05

(949) 719-7212

IGOR M. OLENICOFF, MANAGING MEMBER

Date

Daytime Phone #