2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017450

1. Entity Name
CITY CLUB GROUP LLC

Principal Place of Business	Mailing Address
2700 70TH STREET SW NAPLES, FL 34105 US	2700 70TH STREET SW NAPLES, FL 34105 US

DO NOT WRITE IN THIS SPACE

03252004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1144989
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUCH, MATTHEW F
2700 70TH STREET SW
NAPLES, FL 34105

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000038828
03/29/04-80058-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHUCH, MATTHEW F
STREET ADDRESS	2700 70TH ST. SW
CITY-ST-ZIP	NAPLES, FL 341057220
TITLE	MGRM
NAME	BAILEY, ROBERT L
STREET ADDRESS	822 MAGNOLIA CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGRM
NAME	SCHUCH, WILLIAM
STREET ADDRESS	5100 CEDAR SPRINGS DR. #101
CITY-ST-ZIP	NAPLES, FL 341103356
TITLE	MGRM
NAME	KOSTER, KIM
STREET ADDRESS	8793 TAMIAMI TRAIL E STE 207
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/25/04 (239) 659 1802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #