

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90028 017 ****50.00

DOCUMENT # L01000019989					
1. Entity Name SANDPIPER GOLF CENTER, L.L.C.					
Principal Place of Business 9201 COUNTRY LINE RD SPRING HILL, FL 34608			Mailing Address 7374 BLACKHAWK TRL SPRING HILL, FL 34606		
2. Principal Place of Business 9209 County Line Rd		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Spring Hill FL		City & State		4. FEI Number 59-2921676	
Zip 34608		Country Hernando		Country	
6. Name and Address of Current Registered Agent SAKER, JUDI 7374 BLACKHAWK TRAIL SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name: Charles Saker Street Address (P.O. Box Number is Not Acceptable): 9209 County Line Rd City: Spring Hill FL Zip Code: 34608	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKER, CHARLES JR 7374 BLACKHAWK TRAIL SPRING HILL, FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Saker, Charles JR 9209 County Line Rd Spring Hill FL 34608	
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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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					