LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90032 026 ****50.00

DOCUMENT # L01000022735

1. Entity Name

VALLEY OAKS GOLF MANAGEMENT COMPANY, LLC

DO NOT WRITE IN THIS SPACE

956175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8850 Wire Road	712 S. Oregon Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State: Zephyrhills, FL	City & State: Tampa, FL
Zip: 33540 Country:	Zip: 33606 Country:

4. FEI Number: 04-3602823 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: Krusen, William A. Sr.

Street Address (P.O. Box Number is Not Acceptable): 712 S. Oregon Ave.

Suite 200

City: Tampa FL Zip Code: 33606

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.

SIGNATURE [signature] William A. Krusen, Sr. DATE 4-25-02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Krusen, W.A., Sr.	NAME	
STREET ADDRESS	712 S. Oregon Ave, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33606	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		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: [signature] William A. Krusen, Sr. 4-25-02 813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #