2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 27 AM 8:21

DOCUMENT # L01000022735

1. Entity Name

VALLEY OAKS GOLF MANAGEMENT COMPANY, LLC

Principal Place of Business
8850 WIRE ROAD
ZEPHYRHILLS FL 33540

Mailing Address
~~712 S OREGON AVENUE~~
~~SUITE 200~~
~~TAMPA FL 33606~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address 8850 WIRE Rd
Suite, Apt. #, etc.
City & State ZEPHYRHILLS FL
Zip 33540 Country

09/09/04 MOORE 90072 020 $50.00
CR2E083 (4/04)

4. FEI Number 04-3602823 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~KRUSEN, WILLIAM A SR.~~
~~712 S OREGON AVENUE~~
~~SUITE 200~~
~~TAMPA FL 33606~~

7. Name and Address of New Registered Agent

Name DAVID WARONKER
Street Address (P.O. Box Number is Not Acceptable) 901 Begonia ROAD
City CELEBRATION FL Zip 34747

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 DAVID WARONKER [signature] DATE 9-3-04

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME KRUSEN, SR, W.A. STREET ADDRESS 712 S OREGON AVENUE, SUITE 200 CITY-ST-ZIP TAMPA FL 33606	☒ Delete	TITLE General Manager NAME Kim Nealey STREET ADDRESS 8850 Wire Road CITY-ST-ZIP Zephyrhills, FL 33540	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~~OWNER~~ NAME ~~DAVID WARONKER~~ STREET ADDRESS ~~8850 WIRE ROAD~~ CITY-ST-ZIP ~~ZEPHYRHILLS, FL 33540~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Kim Nealey 9-3-04 813-788-4112

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