


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90350 042 ****50.00

DOCUMENT # L02000001336 1. Entity Name SOWERWINE GOLF SOLUTIONS, LLC	
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Principal Place of Business 930 NOTTINGHAM DR. NAPLES, FL 34109	Mailing Address 930 NOTTINGHAM DR. NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0392232	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JEFFRIES, DAVID M 101 EAST KENNEDY BLVD., SUITE 1000 3000 TAMPA, FL 33602
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**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.

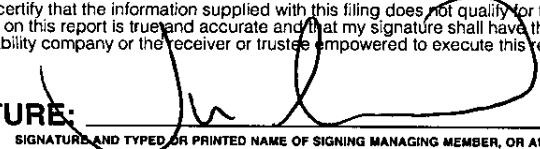
SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOWERWINE, JIM 930 NOTTINGHAM DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, FOLLETT 4127 WEST GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MANNY 3845 WEST GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/17/04 (279) 591-1871 <small>Date Daytime Phone #</small>
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