2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L02000001336

Entity Name: SOWERWINE GOLF SOLUTIONS, LLC

Current Principal Place of Business:

930 NOTTINGHAM DR.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

930 NOTTINGHAM DR.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 03-0392232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
101 EAST KENNEDY BLVD., SUITE 3000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SOWERWINE, JIM	
Address:	930 NOTTINGHAM DR.	
City-St-Zip:	NAPLES, FL 34109	
Title:	MGR	( ) Delete
Name:	CARTER, FOLLETT	
Address:	4127 WEST GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGR	( ) Delete
Name:	FERNANDEZ, MANNY	
Address:	3845 WEST GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA SOWERWINE TREA 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date