2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# L02000003771

Entity Name: BILTMORE HOTEL GOLF MANAGEMENT LLC

Current Principal Place of Business:

1200 ANASTASIA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1200 ANASTASIA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0392225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	MGR	( ) Delete
Name:	EPSTEIN, JASON	
Address:	1200 ANASTASIA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	BUTLER, ROBERT	
Address:	1200 ANASTASIA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	DOUCETTE, DENNIS D	
Address:	1200 ANASTASIA AVE	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGRM	( ) Delete
Name:	SEAWAY BILTMORE MANA, GEMENT	
Address:	1200 ANASTASIA AVE	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	PRESCOTT, GENE T	
Address:	1200 ANASTASIA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	PELLETIER, JAMES R	
Address:	1200 ANASTASIA AVE	
City-St-Zip:	CORAL GABLES, FL 33134 US	

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:	
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 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: JAMES PELLETIER MGR 02/27/2007

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