

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003771

FILED
Mar 17, 2009
Secretary of State

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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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: JAMES PELLETIER

MGR

03/17/2009

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