


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90021 016 ****50.00

DOCUMENT # L02000008614 1. Entity Name SULLIGOLF, LLC	
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Principal Place of Business 2202 NORTH WESTSHORE BOULEVARD 5TH FLOOR TAMPA, FL 33607	Mailing Address 2202 NORTH WESTSHORE BOULEVARD 5TH FLOOR TAMPA, FL 33607
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04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0432898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
2202 NORTH WESTSHORE BOULEVARD
5TH FLOOR
TAMPA, FL 33607**

**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	MGR KADOW, JOSEPH KADOW 2202 N. WESTSHORE BLVD STE 500 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SULLIVAN, CHRIS 2202 N. WESTSHORE BLVD SUITE 500 TAMPA, FL 33607
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-14-04 813 0821225