

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 040 ****55.00

DOCUMENT # L02000012125

1. Entity Name
SOUTHERN OAKS GOLF CLUB, L.L.C.



Principal Place of Business

**717 N W FAIRWAY DR.
LAKE CITY, FL 32055**

Mailing Address

**717 N W FAIRWAY DR.
LAKE CITY, FL 32055**

00001461



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1538728

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, J.R.
717 N W FAIRWAY DR.
LAKE CITY, FL 32055**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROOKS, J.R.
717 N W FAIRWAY DR.
LAKE CITY, FL 32055**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

J.R. Brooks

1/11/06

386 752 0721

Date

Daytime Phone #