

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000012216**

1. Entity Name  
**TEQUESTA GOLF, LLC**



Principal Place of Business

**121 TIMBER LANE  
JUPITER, FL 33458**

Mailing Address

**121 TIMBER LANE  
JUPITER, FL 33458**

**PAID**  
**1140**  
**8-18-06**



08102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**01-0693125**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVE., 27TH FLOOR  
MIAMI, FL 33131**

**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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>P</b>
NAME	<b>ROACH, C. MICHAEL</b>
STREET ADDRESS	<b>121 TIMBER LANE</b>
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>
TITLE	<b>VPS</b>
NAME	<b>BOWERS, HARRY F</b>
STREET ADDRESS	<b>65383 8 MILE ROAD</b>
CITY-ST-ZIP	<b>SOUTH LYON, MI 48178</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000574849**  
**08/21/06-80005-003 50.00**

**DO NOT WRITE  
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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

**8/18/06**

Date

**361-723-2160**

Daytime Phone #