FILED
Jun 30, 2003 8:00 am
Secretary of State
03-17-2003 90004 022 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012216

1. Entity Name
TEQUESTA GOLF, LLC

[redacted]

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
121 TIMBER LANE JUPITER FL 33458	121 TIMBER LANE JUPITER FL 33458

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE., 27TH FLOOR MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 C. Michael Roach 4-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member C Michael Roach President 121 Timber Lane Jupiter, FL 33458 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member VP and Secretary Chris Campbell 8010 SE Orchard Terrace Hobe Sound, FL 33455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member VP And Treasurer Jason McCoy 8890 SE Marina Bay Hobe Sound, FL 33455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: C. Michael Roach 2/24/03 561-723-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

attachment

GARY T. DUNCAN, CPA FIRM, P.A.
Certified Public Accountants
8 Accountants Circle, The Commons, 123 By-Pass
PO Box 1586
Seneca, South Carolina 29679-1586

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#L02000012216

PATRICK M. ERWIN, CPA
GARY T. DUNCAN, CPA
SHARON S. DUNCAN, CPA
BARBARA N. MARTIN, CPA

AICPA
SCACPA'S

June 26, 2003

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Reference Number L02000012216

Gentlemen:

We are submitting the corrected copy of the Uniform Business Report. There has been no change in the members for the 2002 year. We checked the "change" box because we were adding the FEI Number and wanted to call attention to that.

We have attempted to complete this form to your requirements. Please contact our office if we need to make additional changes.

Thank you for your consideration in this matter.

Sincerely,

Barbara N. Martin

Barbara N. Martin, CPA

Enclosure