

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012392	
1. Entity Name RINKER GOLF, L.L.C.	

Principal Place of Business 2391 NW BAY COLONY COURT STUART FL 34994	Mailing Address 2391 NW BAY COLONY COURT STUART FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD. STUART FL 34996
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

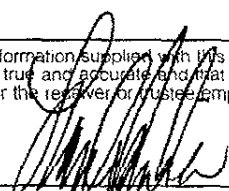
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINKER, LAINE A 2391 NW BAY COLONY COURT STUART FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000424327 02/18/06-80046-002 55.00 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE**

2/3/06 772-335-279
Date Daytime Phone #