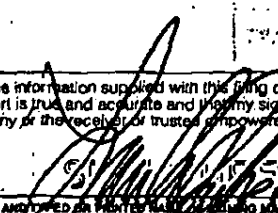


FILED
Apr 22, 2003 8:00 am
Secretary of State

03-11-2003 90021 013 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

3/1
3/1

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		
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				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			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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CITY - ST - ZIP				
10. ADDITIONS/CHANGES					
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	CITY - ST - ZIP				
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 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:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (1002)

772-345-2793
3-3-03