

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018369

1. Entity Name

CORAL ISLE DRIVING RANGE, LLC



Principal Place of Business

4748 CHAMPIONSHIP DRIVE
NAPLES, FL 34114

Mailing Address

4748 CHAMPIONSHIP DRIVE
NAPLES, FL 34114



02262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

52-2373674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIECO, JEFFREY S
4748 CHAMPIONSHIP DRIVE
NAPLES, FL 34114

**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, 2004**

000000085508
03/11/04-80050-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRIECO, JEFFREY S
STREET ADDRESS	730 BRIARWOOD BLVD.
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	NICHOLL, HUNTER S
STREET ADDRESS	992 WOODSHIRE LANE, D-311
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-9-4

Date

239 732 6900

Daytime Phone #