2006 LIMITED LIABILITY COMPANY

May 01, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L02000018369** 05-01-2006 90066 035 ****50.00 CORAL ISLE DRIVING RANGE, LLC Principal Place of Business Mailing Address 4748 CHAMPIONSHIP DRIVE 4748 CHAMPIONSHIP DRIVE NAPLES, FL 34114 NAPLES, FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State 52-2373674 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIECO, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 4748 CHAMPIONSHIP DRIVE NAPLES, FL 34114 City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRIECO, JEFFREY S NAME NAME STREET ADDRESS 730 BRIARWOOD BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE NAME NICHOLL, HUNTER S NAME STREET ADDRESS 992 WOODSHIRE LANE, D-311 STREET ADDRESS NAPLES, FL 34105 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

FILED