

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90560 050 ****50.00

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1. Entity Name

MBGCO, LLC

Principal Place of Business

8390 CHAMPIONS GATE BLVD., STE 200
CHAMPIONS GATE FL 33896

Mailing Address

8390 CHAMPIONS GATE BLVD., STE 200
CHAMPIONS GATE FL 33896

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

54-2073898

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MEADOWBROOK GOLF GROUP, INC.
STREET ADDRESS 8390 CHAMPIONSGATE BLVD., STE. 200
CITY-ST-ZIP CHAMPIONSGATE FL 33896

TITLE MGRM ☐ Delete
NAME JACKSON, RON E
STREET ADDRESS 8390 CHAMPIONSGATE BLVD., STE. 200
CITY-ST-ZIP CHAMPIONSGATE FL 33896

TITLE MGRM ☐ Delete
NAME SELLERS, CALVIN C III
STREET ADDRESS 8390 CHAMPIONSGATE BLVD., STE. 200
CITY-ST-ZIP CHAMPIONSGATE FL 33896

TITLE MGRM ☐ Delete
NAME ROSENSTEIN, ARNOLD
STREET ADDRESS 8390 CHAMPIONSGATE BLVD., STE. 200
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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: *Calvin C. Sellers III* **Calvin C. Sellers III, MGRM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/04
Date

(407) 589-7200
Daytime Phone #