

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000020733

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

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**



01102005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000194640  
01/25/05-80109-003 50.00

**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)(f), 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

1/11/05

(407)589-7200

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

Date

Daytime Phone #