

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025758

FILED  
Jul 17, 2003  
Secretary of State

Entity Name: GOLFINITI, LLC

## Current Principal Place of Business:

9325 CYPRESS BEND DRIVE  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

9325 CYPRESS BEND DRIVE  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 33-1024549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ROWE, DANIEL V  
Address: 9325 CYPRESS BEND DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: MADEIRA, LAWRENCE W  
Address: 25 WINDSTONE DRIVE  
City-St-Zip: PORTSMOUTH, RI 02871

Title: MGRM ( ) Delete  
Name: SUSI, STEVEN A  
Address: 172 E, 89TH STREET, #4A  
City-St-Zip: NEW YORK, NY 10128

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL V. ROWE

CEO

07/17/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date