

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026880

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** REMINGTON GOLF PARTNERS, LLC

**Current Principal Place of Business:**

2995 REMINGTON BLVD.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2995 REMINGTON BLVD.  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 03-0490441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STINE, WILLIAM J  
21 SOUTH CLYDE AVENUE  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

STINE, WILLIAM J  
2801 KISSIMMEE BAY BLVD  
KISSIMMEE, FL 34744 US

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:**

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STINE, WILLIAM J  
Address: 21 SOUTH CLYDE AVE.  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: FARROW, MARK M D  
Address: 3958 CORVETA CRT  
City-St-Zip: ORLANDO, FL 34744

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STINE, WILLIAM J  
Address: 2801 KISSIMMEE BAY BLVD  
City-St-Zip: KISSIMMEE, FL 34741

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** WILLIAM STINE

MR

02/19/2009

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