


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90282 039 ****50.00

DOCUMENT # L02000027356			
1. Entity Name FOREST LAKES GOLF, LLC			
Principal Place of Business 7340 REGINA ROYALE SARASOTA, FL 34238		Mailing Address PO BOX 3310 SARASOTA, FL 34230	
2. Principal Place of Business 2401 Beneva Road South Suite, Apt. #, etc.		3. Mailing Address 2401 Beneva Road South Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34232		Country	
4. FEI Number 22-3878146		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03172005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FRIESING, BILL 2401 BENEVA RD SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name: Mark Miller Street Address (P.O. Box Number is Not Acceptable): 1225 Fruitville Road City: Sarasota FL Zip Code: 34236	
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 <i>[Signature]</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: FRIESING, WILLIAM STREET ADDRESS: 2401 BENEVA RD CITY-ST-ZIP: SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE: Managing member NAME: Mark Miller STREET ADDRESS: 1225 Fruitville Road CITY-ST-ZIP: Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: NICHOLS, GERALD STREET ADDRESS: 2401 BENEVA RD CITY-ST-ZIP: SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: 941-366-9936	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

Agent: Group, Inc.