

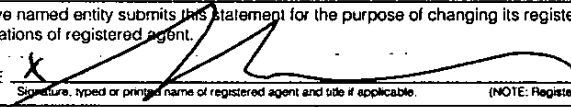


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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

Intent: Group, Inc.