

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028854

Entity Name: LA TROBE' GOLF, LLC

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

6537 BURNHAM CIR.
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1424
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BISSELL, KATHLENE
6537 BURNHAM CIRCLE
PONTE VEDRA BEACH, FL 32082 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMER, AMANDA M
Address: 222 14TH AVENUE NORTH CONDO 111
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: BISSELL, KATHLENE
Address: 6537 BURNHAM CIRCLE, BOX 424
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, AMANDA M
Address: 1191 OGLETHORPE AVE
City-St-Zip: ATLANTA, GA 30319 US

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: KATHLENE BISSELL

MGRM

09/07/2005

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