

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90045 001 \*\*\*\*55.00

DOCUMENT # L02000032189

1. Entity Name

KNOW YOUR ROLL GOLF CO. L.L.C.



**DO NOT WRITE IN THIS SPACE**

30052179

2. Principal Place of Business

6860 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6860 Beach Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville Florida

City & State  
Jacksonville Florida

4. FEI Number  
11-3670170

Applied For  
Not Applicable

Zip  
32216

Country  
USA

Zip  
32216

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
George A. Baron

Street Address (P.O. Box Number is Not Acceptable)  
6860 Beach Blvd.

City Jacksonville FL Zip Code 32216

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  
Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
George A. Baron  
6860 Beach Blvd.  
Jacksonville Florida 32216

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**DO NOT WRITE  
IN THIS SPACE**

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: George A. Baron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-03 (904) 724-5878

Date

Daytime Phone #

CR2E083B (12/02)