


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90269 024 ****50.00

DOCUMENT # L02000032200	
1. Entity Name SKYLAND LAKES GOLF CLUB, LLC	

Principal Place of Business 49 SKYLAND LAKES DR. FANCY GAP, VA 24328	Mailing Address 415 N. WILDER RD. PLANT CITY, FL 33566
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24025027



2. Principal Place of Business	3. Mailing Address P.O. Box 1836
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State	City & State Plant City FL
Zip	Country USA
Zip 33564	Country USA

4. FEI Number 54-2065917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606
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7. Name and Address of New Registered Agent Name Robert L. Roderick Street Address (P.O. Box Number is Not Acceptable) 415 N. Wilder Rd. City Plant City FL Zip Code 33586

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 <u>Robert L. Roderick</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating)	DATE <u>3-11-04</u>
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R & R ENTERPRISES, LLC 415 N. WILDER RD. PLANT CITY, FL 33566 <input 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: <u>Robert L. Roderick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3-11-04</u> 813-752-0901 <small>Daytime Phone #</small>
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