

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034328

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** TOPS'L CLUB OF NW FLORIDA, LLC

**Current Principal Place of Business:**

8955 HWY 98 W  
SUITE 203  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

8955 HWY 98 W  
SUITE 203  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 65-1176005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: FIORAVANTI, MARK  
Address: ONE GAYLORD DRIVE  
City-St-Zip: NASHVILLE, TN 87214

Title: MGR ( ) Delete  
Name: REED, COLIN V  
Address: ONE GAYLORD DRIVE  
City-St-Zip: NASHVILLE, TN 37214

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: MARK FIORAVANTI      MGR      01/25/2006

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