

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003626

FILED
Jan 04, 2004
Secretary of State

Entity Name: GOLF DESTINATIONS OF JACKSONVILLE LLC

Current Principal Place of Business:

2712 GAILLARDIA
JACKSONVILLE, FL 32211

New Principal Place of Business:

3804 SWEETBRIAR DR
ORANGE PARK, FL 32073 US

Current Mailing Address:

2712 GAILLARDIA
JACKSONVILLE, FL 32211

New Mailing Address:

950-23 BLANDING BLVD.
STE. #331
ORANGE PARK, FL 32065 US

FEI Number: 59-3767021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMS, MARK A
3804 SWEETBRIAR DR
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

SAMS, MARK A
3804 SWEETBRIAR DR.
ORANGE PARK, FL 32073 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: MARK ALLEN SAMS

01/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BATESON, ROBERT A
Address: 2712 GAILLARDIA
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGR () Delete
Name: SAMS, MARK A
Address: 3804 SWEET BRIAR DR
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BATESON, ROBERT J
Address: 2712 GAILLARDIA
City-St-Zip: JACKSONVILLE, FL 32211

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: MARK ALLEN SAMS

MGR

01/04/2004

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