

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020934

1. Entity Name
KCB GOLF COURSE CONDO - 1 LLC



Principal Place of Business

2106 FORT HILL ROAD
PHELPS, NY 14532

Mailing Address

2106 FORT HILL RD
PHELPS, NY 14532



01222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0042057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALE, JEB
905 W 75TH ST
MARATHON, FL 33050

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000671844
03/28/07-80045-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMSON, DEAN
STREET ADDRESS	2106 FORT HILL RD
CITY- ST- ZIP	PHELPS, NY 14532

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

1-23-07

Date

315-523-1284

Daytime Phone #