

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025764

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** RESORT GOLF PROPERTIES, LLC

**Current Principal Place of Business:**

8437 RADCLIFFE TERR.  
STE. 201  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

8437 RADCLIFFE TERR.  
STE. 201  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 20-0092447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLING, WILLIAM C  
8437 RADCLIFFE TERRACE  
STE. 201  
NAPLES, FL 34120 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: MGRM ( ) Delete  
Name: RESORT GOLF PROPERTI, ES, LLC  
Address: 8437 RADCLIFFE TERRACE, #201  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM C. BOLING

COL.

01/09/2008

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