

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90029 046 \*\*\*\*50.00

20050105



<b>DOCUMENT # L03000032949</b> 1. Entity Name <b>GOLFSTREAM TURF, LLC</b>					
Principal Place of Business <b>2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3950 RCA BLVD SUITE 5000 PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>75-3128351</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARY, JOHN W III GARY, DYTRYCH &amp; RYAN, P.A. 701 US HWY ONE, STE 402 N. PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BILLS, JOHN C 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BABB, WAYNE H 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SMITH, LAMAR K 300 N OLD DIXIE HWY #108 JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR REJKO, DARRYL 300 N OLD DIXIE HWY #108 JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR STERRETT, JOHN 300 N OLD DIXIE HWY #108 JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CAMPOLI, JAMES 300 N OLD DIXIE HWY #108 JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CAMPOLI, JAMES 300 N OLD DIXIE HWY #108 JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <b>Wayne Babb</b> <span style="float: right;">4/26/05 561-627-7551</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					