2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90214 020 ****50.00

DOCUMENT # L03000038563
1. Entity Name
RML GOLF, LLC

Principal Place of Business	Mailing Address
2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990 US	2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990 US

03042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6272 SE Ames Way	6272 SE Ames Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. FEI Number 83-0372129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABRITZ, KELLY J 2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990	Name: Labritz, Kelly J Street Address (P.O. Box Number is Not Acceptable): 6272 SE Ames Way City: Hobe Sound FL Zip Code: 33455

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] (Kelly J. Labritz) 04/06/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABRITZ, KELLY J 2703 SW MATHESON AVE., #116 A-2 PALM CITY, FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6272 SE Ames Way Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABRITZ, ROBERT M JR. 2703 SW MATHESON AVE., #116 A-2 PALM CITY, FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6272 SE Ames Way Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] (Kelly J. Labritz) 04/06/04 772-546-7518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #