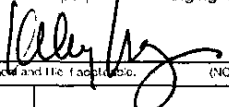
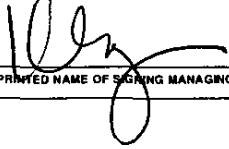


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990 US			Mailing Address 2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990 US		
2. Principal Place of Business 6272 SE Ames Way Suite, Apt. #, etc.		3. Mailing Address 6272 SE Ames Way Suite, Apt. #, etc.			
City & State Hobe Sound, FL Zip 33455		City & State Hobe Sound, FL Zip 33455		4. FEI Number 83-0372129	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LABRITZ, KELLY J 2703 SW MATHESON AVE. #116 A-2 PALM CITY, FL 34990			7. Name and Address of New Registered Agent 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  (Kelly J. Labritz) 04/06/04 Signature, typed or printed name of registered agent and title (acceptable). (NOTE: Registered Agent's signature required when constituting)					
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 ☐ Delete 2703 SW MATHESON AVE., #116 A-2 PALM CITY, FL 34990		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. ☐ Delete 2703 SW MATHESON AVE., #116 A-2 PALM CITY, FL 34990		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	
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:  (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 #					