

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90334 039 ***138.75

DOCUMENT # L03000040321

1. Entity Name
THE CONCESSION GOLF CLUB, LLC



Principal Place of Business
**9916 E. HARRY
SUITE 104
WICHITA, KS 67-207g**

Mailing Address
**9916 E. HARRY
SUITE 104
WICHITA, KS 67-207g**



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2035551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVES, KEVIN
409 N WASHINGTON DR
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	CONCESSION ASSOCIATES, LLC		NAME		
STREET ADDRESS	9916 E HARRY, SUITE 104		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67207		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	PMG CONCESSION LLC		NAME		
STREET ADDRESS	5 E 17TH ST 2ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 _____