

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90120 043 ****50.00

DOCUMENT # L03000042496					
1. Entity Name THE FOUNDERS CLUB DEVELOPMENT COMPANY, L.L.C.					
Principal Place of Business 1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236			Mailing Address 1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0708654				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANAN, BENJAMIN R 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name <u>THOMAS BROWN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1343 Main Street Suite 602</u> City <u>SARASOTA</u> FL <u>34236</u>		
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 <u>Thomas Brown Manager</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>4/28/04</u> (NOTE: Registered Agent signature required when reinstating)		
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 MGR	NAME U.S. ASSETS REALTY GROUP, INC.	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 1343 MAIN STREET, SUITE 602	CITY-ST-ZIP SARASOTA, FL 34236		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <u>Thomas Brown</u>			DATE <u>4/28/04</u> DAYTIME PHONE # <u>3657334</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					