

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90141 010 \*\*\*\*50.00

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01032005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000043211</b>		
1. Entity Name PRO-FORMANCE GOLF, LLC		

Principal Place of Business 14466 S. MILITARY TRAIL STE. 7 DELRAY BEACH, FL 33484	Mailing Address 14466 S. MILITARY TRAIL STE. 7 DELRAY BEACH, FL 33484
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2. Principal Place of Business 5195 J Atlantic Ave Suite, Apt. #, etc.	3. Mailing Address 5195 J Atlantic Ave Suite, Apt. #, etc.
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City & State Delray Beach, FL	City & State Delray Beach, FL	4. FEI Number 55-0852243	Applied For Not Applicable
Zip 33484	Country US	Zip 33484	Country US

6. Name and Address of Current Registered Agent CUSACK, DANIEL 14466 S. MILITARY TRAIL STE. 7 DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5195 J. Atlantic Ave City Delray Beach FL Zip Code 33484	
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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 Daniel Cusack DATE 2/2/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSACK, DANIEL 14466 S. MILITARY TRAIL, STE. 7 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5195 J Atlantic Ave Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Daniel Cusack DATE 2/2/05 561-637-0910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE