## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 07, 2008 08:00 All Secretary of State **DOCUMENT # L03000043211** PRO-FORMANCE GOLF, LLC Principal Place of Business Mailing Address 5195 J ATLANTIC AVENUE 5195 J ATLANTIC AVENUE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 CR2E083 (12/07) 02032008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0852243 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUSACK, DANIEL DO NOT WRITE **5195 J ATLANTIC AVENUE** DELRAY BEACH, FL 33484 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CUSACK, DANIEL NAME STREET ADDRESS 5195 J ATLANTIC AVENUE CITY-ST-ZIP DELRAY BEACH, FL 33484 TITE NAME STREET ADDRESS CITY-ST-ZIP tm F NAME STREET ADDRESS DO NOT WRITE CITY-ST-7(P IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**