## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000045002**

1. Entity Name FORT DALLAS GOLF CLUB GP, LLC



FILED
May 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133

Mailing Address

2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133



04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD 1111 BRICKELL AVE STE. 2500 MIAMI, FL 33131

STREET ADDRESS City-St-Zip

## DO NOT WRITE IN THIS SPACE

|                                       | e named entity submits this statement for the purpose of char<br>tions of registered agent.  | nging its registered office or registered agent, or b        | oth, in the State of Florida. I am familiar with, and accept   |
|---------------------------------------|--|--|--|
| SIGNATURE.                            | West and the second sec | (NOTE: Periode and Acceptainment or period when constation)  | DATE   |
|                                       | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating) | 3180   |
| F                                     | iling Fee is \$50.00<br>ue by May 1, 2006  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LORIE, CATHERINE H 2665 SOUTH BAYSHORE, SUITE 601 COCONUT GROVE, FL 33133  | <br>   |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | MGR BARCARDI, FACINDO 2665 S. BAYSHORE DR. STE. 601 COCONUT GROVE, FL. 33133   |  | U00000559172<br>05/17/06-80125-025 50.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE<br>NAME                         |  | **************************************                       | The same of the sa |

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: (SIGNATURE AND DOPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/0

305-285-5588

Daytime Prione #