2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000013872

1. Entity Name
MW GOLF PROPERTIES, LLC

Principal Place of Business	Mailing Address
2385 EXECUTIVE CENTER DRIVE, STE. 270 BOCA RATON, FL 33431	2385 EXECUTIVE CENTER DRIVE, STE. 270 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

02042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number
80-0098068

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S ESQ
2385 EXECUTIVE CENTER DRIVE, STE. 270
BOCA RATON, FL 33431

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 _____

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

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISMAN, WILLIAM S
STREET ADDRESS	2385 EXECUTIVE CENTER DR. STE 270
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000330471
02/26/08 80083-010 138.75

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: _____   2/14/08   561-241-6334

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #</small>