2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 28, 2005 8:00 am Secretary of State **DOCUMENT # L04000019991** 02-28-2005 90049 008 ****50.00 CAN-AM GOLF GROUP, LLC Principal Place of Business Mailing Address 2601 NW 48TH TERRACE 2601 NW 48TH TERRACE 20016443 251 LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313 391 Nu Suite, Apt. #, etc 01192005 Chg-LLC CR2E083 (10/03) # 101 4. FEI Number Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTHE & LEIGH, LLP Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. 602 FORT LAUDERDALE, FL 33304 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** Addition TITLE Delete TITLE ☐ Change NAME GOULET, HARMEL NAME 101# +101 2601 NW 48TH TERRACE, #251 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 Docktick DIRECTOR TITLE ☐ Delete Addition Michel NAME NAME 1391 NIW 45TH STRUCT # 10X STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURY TOSAL GOULET MYORIL TOSAL GOULET 1391 DW 45th STRALT #101 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Durefield Boach F1.33064 CITY-ST-ZIP CITY-ST-ZIP prector ■ Addition ☐ Delete TITLE TITLE Harmel Goulet NAME 2601 NW 48TH Terrace, # 251 STREET ADDRESS STREET ADDRESS Lauderdale Lakes, F1.33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TETLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED