


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026436 1. Entity Name MURRAY INTERNATIONAL GOLF, LLC	
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Principal Place of Business 713 TORIA LANE ST. AUGUSTINE, FL 32095	Mailing Address 713 TORIA LANE ST. AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE



01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0971065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DALE, HOWARD L ESQUIRE 200 WEST FORSYTH STREET, SUITE 1100 JACKSONVILLE, FL 32202

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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 _____
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, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, CAMERON T 713 TORIA LANE SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, HEATHER 713 TORIA LANE SAINT AUGUSTINE, FL 32095
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02/09/06-80034-005 50.00

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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: 	1/28/2006 (904) 599 9551
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>