

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000026436

1. Entity Name
MURRAY INTERNATIONAL GOLF, LLC



Principal Place of Business

**713 TORIA LANE
ST. AUGUSTINE, FL 32095**

Mailing Address

**713 TORIA LANE
ST. AUGUSTINE, FL 32095**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0971065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. 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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000595089
01/23/07-80024-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

18 JAN 2007

Date

904 599 9551.

Daytime Phone #