

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028797

FILED
Jul 07, 2005
Secretary of State

Entity Name: PRECISION GOLF SOLUTIONS, LLC

Current Principal Place of Business:

4445 SW 35TH TERRACE
SUITE 250
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4445 SW 35TH TERRACE
SUITE 250
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 81-0648102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, DALE C
6904 SW 35TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRAIN, RICKY
Address: 4440 SW ARCHER ROAD, # 308
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR () Delete
Name: SMITH, DALE C
Address: 6904 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRAIN, RICKY
Address: 4440 SW ARCHER ROAD, # 1204
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICKY STRAIN

MGR

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date