FILED
May 02, 2005 8:00 am
Secretary of State

04-12-2005 90019 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029081

1. Entity Name
GLOBAL GOLF & INCENTIVES LLC

Principal Place of Business	Mailing Address
130 SE PINELAKE VILLAGE BOULEVARD JENSEN BEACH, FL 34957	130 SE PINELAKE VILLAGE BOULEVARD JENSEN BEACH, FL 34957

04082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1490 NW Lakeside Trail	130 NE Pinelake Village Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL.	City & State: Jensen Beach
Zip: 34994 Country: Martin	Zip: FL Country: 34957

4. FEI Number: 20-0749835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRIGHT, JOHN A 6968 SE DELEGATE ST HOBE SOUND, FL 33455	Name: Bright John A Street Address (P.O. Box Number is Not Acceptable): 1490 NW Lakeside Trail City: Stuart FL Zip Code: 34994

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 X [signature] 04/08/05
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	GRIFFIN, CAROL		NAME	Griffin, Carol	
STREET ADDRESS	130 SE PINELAKE VILLAGE BLVD		STREET ADDRESS	130 NE Pinelake Village Blvd.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Jensen Beach, FL. 34957	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	BRIGHT, JOHN A		NAME	Bright, John A	
STREET ADDRESS	6968 SE DELEGATE ST		STREET ADDRESS	130 NE Pinelake Village Blvd	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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: X [signature] 04/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #