

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031186

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: PINES GOLF CENTER, L.L.C.

**Current Principal Place of Business:**

1301 NORTH PALM AVENUE  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1301 NORTH PALM AVENUE  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 20-1084943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SERFATY, CHARLES S ESQ.  
4340 SHERIDAN STREET, SECOND FLOOR  
HOLLYWOOD, FL 33021 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: DOLAN, ROBERT  
Address: 1531 NORTH 73RD AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: DOLAN, WILLIAM SR.  
Address: 14567 SPYGLASS STREET  
City-St-Zip: ORLANDO, FL 328265031

Title: MGR ( ) Delete  
Name: DOLAN, MICHAEL J II  
Address: 8811 NORTH MELODY LANE  
City-St-Zip: MACEDONIA, OH 44056

Title: MGR ( ) Delete  
Name: MELO, LUIS  
Address: 960 N.W. 93RD AVENUE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

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

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

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

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 Chapter 119, 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: ROBERT DOLAN

PRES

01/06/2006

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