

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000032604

1. Entity Name
RED TAIL GOLF CLUB, L.L.C.



Principal Place of Business
**26026 MEMBER LANE
SORRENTO, FL 32776**

Mailing Address
**26026 MEMBER LANE
SORRENTO, FL 32776**



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1102705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROECKER, PAUL ESQ
1275 LAKE HEATHROW LANE
LAKE MARY, FL 32746**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000939088
05/28/08-80014-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	46/46A, LLC
STREET ADDRESS	1275 LAKE HEATHROW LANE
CITY - ST - ZIP	HEATHROW, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Paul Roecker* **Paul Roecker**

4/13/08 **4/13/08**

407333/400 **407333/400**

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

Date

Daytime Phone #