

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033273

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: GOLF SOLUTIONS OF DELRAY LLC

## Current Principal Place of Business:

5959 W. ATLANTIC AVE  
SUITE # B9A  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

5810 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

## Current Mailing Address:

5959 W. ATLANTIC AVE  
SUITE # B9A  
DELRAY BEACH, FL 33484

## New Mailing Address:

5810 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

FEI Number: 20-1081129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODIN, GERRY  
5959 W. ATLANTIC AVE  
SUITE # B9A  
DELRAY BEACH, FL 33484 US

## Name and Address of New Registered Agent:

GOODIN, GERRY  
5810 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: OFFICE CHAIRS UNLIMI, TED INC.  
Address: 5859 W. ATLANTIC AVE. # B9A  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: OFFICE CHAIRS UNLIMI, TED INC.  
Address: 5810 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

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: OFFICE CHAIRS UNLIMITED, INC.

MGR

04/24/2007

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