

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035114

Entity Name: PLAYINGOLF.COM, LLC

FILED
May 16, 2008
Secretary of State

Current Principal Place of Business:

13721 NW 16 STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

10031 PINES BLVD
218
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

13721 NW 16 STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

10031 PINES BLVD
218
PEMBROKE PINES, FL 33024 US

FEI Number: 20-1097490 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:

HACHE, ALEXANDER SR.
13721 NW 16 STREET
PEMBROKE PINES, FL 33028 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: HACHE, ALEXANDER SR.
Address: 13721 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM () Delete
Name: HACHE, MARIA J
Address: 13721 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

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 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: ALEXANDER HACHE SR

MGR

05/16/2008

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