

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

20026160

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # L04000037496</b>  |  |  |  | 04-04-2005 90419 041 ****50.00   |  |
| 1. Entity Name<br><b>UNITED GOLFERS, LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>2500 WESTON RD SUITE 105<br/>WESTON, FL 33331</b>   |  | Mailing Address<br><b>2500 WESTON RD SUITE 105<br/>WESTON, FL 33331</b>           |  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>16508 SW 97 ST</b>                                       |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State<br><b>MIAMI, FLORIDA</b>   |  |  |  |
| Zip   |  | Country   |  | Zip  |  |
|   |  |   |  | <b>33196 DADE</b>  |  |
| 03072005  |  | Chg-LLC   |  | CR2E083 (10/03)  |  |
| 4. FEI Number   |  | <b>20-1184362</b>   |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired  |  | <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required                                    |  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent                                       |  |  |  |
| <b>CORREA, JOSE N<br/>2900 GLADES CIR. SUITE 525<br/>WESTON, FL 33327</b>   |  | Name  |  |  |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |  |  |
|   |  | City  |  |  |  |
|   |  | <b>FL</b> Zip Code  |  |  |  |
| 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 _____ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>DALL CORDERO, OMAR JESUS<br/>2940 DADDOCK ROAD<br/>WESTON, FL 33331</b>               | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LIRANETA, MAURICIO<br/>16508 SW 97 ST<br/>MIAMI, FL 33196</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>FRANCHISE INVESTMENT FUND, LLC<br/>2500 WESTON RD SUITE 105<br/>WESTON, FL 33331</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: _____  |  | 03/22/05  |  | (305) 905-6045   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date  |  | Daytime Phone #  |  |