

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1 of 2

DOCUMENT # L04000043326

1. Entity Name
MEDALLION GOLF COMPANY, LLC



FILED

2005 APR 19 PM 3:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
8390 CHAMPIONSGATE BLVD., SUITE 200
CHAMPIONSGATE, FL 33896

Mailing Address
8390 CHAMPIONSGATE BLVD., SUITE 200
CHAMPIONSGATE, FL 33896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code

32301

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 Jackie N. Casper Jackie N. Casper, Asst. Secretary

(Signature, type or printed name of registered agent and title if applicable.)

(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 Ron E. Jackson ☐ Delete
NAME President
STREET ADDRESS 8390 ChampionsGate Blvd, Ste 200
CITY-ST-ZIP ChampionsGate, FL 33896

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Calvin C. Sellers III ☐ Delete
NAME CFO
STREET ADDRESS 8390 ChampionsGate Blvd, Ste 200
CITY-ST-ZIP ChampionsGate, FL 33896

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400051237794
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Calvin C. Sellers III Calvin C. Sellers III 4/11/05 (407)589-7200

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

2072

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2005 APR 19 PM 3:26

ACCOUNT NO. : 072100000032
REFERENCE : 318254 7205268

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 50.00

ORDER DATE : April 15, 2005

ORDER TIME : 9:39 AM

ORDER NO. : 318254-010

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
Suite 200
8390 Championsgate Blvd.
Champions Gate, FL 33896

ANNUAL REPORT FILING

RECEIVED
05 APR 19 AM 10:48
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: MEDALLION GOLF COMPANY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____