

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043326

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** MEDALLION GOLF COMPANY, LLC

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD., SUITE 200  
CHAMPIONSGATE, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD., SUITE 200  
CHAMPIONSGATE, FL 33896

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P  
Name: JACKSON, RON E  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 200  
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: CFO  
Name: SELLERS, CALVIN C III  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 200  
City-St-Zip: CHAMPIONSGATE, FL 33896

I hereby 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:** CALVIN C. SELLERS, III

CFO

02/08/2010

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