

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000043681**

**1. Entity Name**  
**GUERIN RIFE PUTTERS, LLC**



**Principal Place of Business**  
402 NORTH LAKE BLVD  
# 1000  
ALTAMONTE SPRINGS, FL 32701

**Mailing Address**  
402 NORTH LAKE BLVD  
# 1000  
ALTAMONTE SPRINGS, FL 32701



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-1219094

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

GRAHAM, JESSE E JR.  
369 NORTH NEW YORK AVENUE, 3RD FLOOR  
GRAHAM, BUILDER, JONES, PRATT & MARKS  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed 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, 2006**

1100000386111  
01/18/06-80046-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
RIFE, GUERIN  
402 NORTH LAKE BLVD, # 1000  
ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
MOLLOY, MATTHEW  
402 NORTH LAKE BLVD, # 1000  
ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
BARFIELD, JAMES  
402 NORTH LAKE BLVD, # 1000  
ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

DATE

Daytime Phone #

1/16/06