

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 039 ****50.00

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|---|---------------------------------|--|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 105 Commerce Way Suite, Apt. #, etc. | | 3. Mailing Address 105 Commerce Way Suite, Apt. #, etc. | | | |
| City & State Sanford, FL | | City & State Sanford, FL | | 4. FEI Number 20-1219094 | |
| Zip 32771 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | 7. Name and Address of New Registered Agent Name: James Barfield Street Address (P.O. Box Number is Not Acceptable): 105 Commerce Way City: Sanford FL Zip Code: 32771 | | |
| 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: <i>James L Barfield</i> DATE: 3/6/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee Is \$50.00 Due by May 1, 2007. | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGRM NAME RIFE, GUERIN STREET ADDRESS 402 NORTH LAKE BLVD, # 1000 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGRM NAME MOLLOY, MATTHEW STREET ADDRESS 402 NORTH LAKE BLVD, # 1000 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 105 Commerce Way CITY-ST-ZIP Sanford, FL 32771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGRM NAME BARFIELD, JAMES STREET ADDRESS 402 NORTH LAKE BLVD, # 1000 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 105 Commerce Way CITY-ST-ZIP Sanford, FL 32771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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 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: <i>James L Barfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: 3/6/07 Daytime Phone # | | |