


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90008 041 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L04000043873</b><br>1. Entity Name<br><b>MUSSELBURGH #2912, L.L.C.</b>   |   |  |  |    |  |
| Principal Place of Business<br><b>36750 U.S. HIGHWAY 19 NORTH<br/>C/O GOLF HOST RESORTS, INC.<br/>PALM HARBOR, FL 34684 US</b>   |   |  | Mailing Address<br><b>36750 U.S. HIGHWAY 19 NORTH<br/>C/O GOLF HOST RESORTS, INC.<br/>PALM HARBOR, FL 34684 US</b> |   |  |
| 2. Principal Place of Business<br><b>GTA-IB, LLC</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                    |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 4. FEI Number<br><b>20-1275094</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ELLIOTT, HERBERT ESQ.<br/>623 EAST TARPON AVENUE<br/>TARPON SPRINGS, FL 34689</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>GOLF HOST RESORTS, INC.<br/>36750 U.S. HIGHWAY 19 NORTH<br/>PALM HARBOR, FL 34684</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Mgr<br/>GTA-IB, LLC<br/>36750 US Highway 19 North<br/>Palm Harbor, FL 34684</b> <input type="checkbox"/> Change <input checked="" 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   |  |
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| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u><i>R Keith Wilt</i></u> <u>4/27/06</u> <u>727-942-2000</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |  |  |   |  |

*R. Keith Wilt*