2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043954

1. Entity Name
GOLF CONCESSIONS, LLC

Principal Place of Business	Mailing Address
4211 NORTH SURF ROAD	4211 NORTH SURF ROAD
HOLLYWOOD, FL 33019 US	HOLLYWOOD, FL 33019 US

DO NOT WRITE IN THIS SPACE

60036965

04122007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1229206	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, MARK C
633 SOUTH FEDERAL HIGHWAY
SUITE 400-A
FORT LAUDERDALE, FL 33301

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREENE, RONALD
STREET ADDRESS	4211 NORTH SURF ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Mark C. Olsen_ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #