



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90074 008 \*\*\*\*50.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L04000045115</b>  |   |  |   |                       |  |
| <b>1. Entity Name</b><br>TITAN GOLF SERVICES, LLC   |   |  |   |  |  |
| <b>Principal Place of Business</b><br>5929 YOUNGQUIST ROAD<br>SUITE 6<br>FORT MYERS, FL 33912 US  |   |  | <b>Mailing Address</b><br>P.O. BOX 309<br>ESTERO, FL 33928 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>13720 JETPORT COMMERCE PKWY  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.         |   |  |  |
| Suite, Apt. #, etc.<br>UNIT 13  |   | Suite, Apt. #, etc.                                      |   |  |  |
| <b>City &amp; State</b><br>FORT MYERS, FL   |   | <b>City &amp; State</b>                                  |   | <b>4. FEI Number</b><br>20-1249698   |  |
| <b>Zip</b><br>33913-7753  |   | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MORETTI, BRADLEY P<br>11833 PINE TIMBER LANE<br>FORT MYERS, FL 33913  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |   |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |   | <b>Make check payable to 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  | MGR<br>FORD, JOSHUA M<br>P.O. BOX 309<br>ESTERO, FL 33928                 | <input type="checkbox"/> Delete                          |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MORETTI, BRADLEY P<br>5929 YOUNGQUIST ROAD<br>FORT MYERS, FL 33912 | <input type="checkbox"/> Delete                          |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MORETTI, BRADLEY P<br>5929 YOUNGQUIST ROAD<br>FORT MYERS, FL 33912 | <input type="checkbox"/> Delete                          |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MORETTI, BRADLEY P<br>5929 YOUNGQUIST ROAD<br>FORT MYERS, FL 33912 | <input type="checkbox"/> Delete                          |   |  |  |
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| <b>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> |   |  |   |  |  |
| <b>SIGNATURE:</b>    |   | <b>3/1/07</b> <b>239-415-3695</b>                        |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #                                     |   |  |  |