2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L04000045115

Entity Name: TITAN GOLF SERVICES, LLC

Current Principal Place of Business:

13720 JETPORT COMMERCE PKWY
UNIT 13
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

13720 JETPORT COMMERCE PKWY
UNIT 13
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 20-1249698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORETTI, BRADLEY P
11833 PINE TIMBER LANE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

MORETTI, BRADLEY P
13720 JETPORT COMMERCE PKWY
13
FORT MYERS, FL 33913 US

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.

SIGNATURE: _____ 05/01/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete
Name: FORD, JOSHUA M
Address: 12454 ROCKRIDGE LANE
City-St-Zip: FORT MYERS, FL 33913

Title: MGR ( ) Delete
Name: MORETTI, BRADLEY P
Address: 11833 PINE TIMBER LANE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRADLEY P MORETTI MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date