

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000047509

1. Entity Name
CADDYSHACK PARTNERS, LLC



Principal Place of Business
7541 BELLA VERDE WAY
DELRAY BEACH, FL 33446

Mailing Address
7541 BELLA VERDE WAY
DELRAY BEACH, FL 33446



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FE# Number 56-2467575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKENSON, DAVID B
980 NORTH FEDERAL HIGHWAY, SUITE 410
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PERRY, LINDSEY R SR.
STREET ADDRESS	7541 BELLA VERDE WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	MGR
NAME	PERRY, LINDSEY R JR.
STREET ADDRESS	7541 BELLA VERDE WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	MGR
NAME	PERRY, CHRISTOPHER C
STREET ADDRESS	3 AUSTIN FARM ROAD
CITY-ST-ZIP	NANTUCKET, MA 02554

TITLE	MGR
NAME	PERRY, STEPHEN L
STREET ADDRESS	65-1692 KOHALA
CITY-ST-ZIP	KAMUELA, HI 96743

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/08

561-495-6603