


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 011 ****55.00

DOCUMENT # L04000057370
 1. Entity Name
MONTEREY LAKES GOLF CLUB, LLC



Principal Place of Business Mailing Address
1255 S. MILITARY TRAIL, SUITE 200 **1255 S. MILITARY TRAIL, SUITE 200**
DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH, FL 33442**

2. Principal Place of Business 3. Mailing Address
4500 Monterey Avenue Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State
Tamarac, FL _____

Zip Country Zip Country
33319 *U.S.* _____ _____

6. Name and Address of Current Registered Agent

WALDMAN, ANDREW C
1255 S. MILITARY TRAIL, SUITE 200
DEERFIELD BEACH, FL 33442

20040680



02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number - *74-3127825* Applied For -
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	WALDMAN, ANDREW C		
STREET ADDRESS	1255 S. MILITARY TRAIL, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
MGR	WALDMAN, ANA MARIA		
STREET ADDRESS	1255 S. MILITARY TRAIL, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Andrew Waldman, Mgr.* Date: *04/08/05* Daytime Phone #: *954-418-6100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE