


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90128 037 ***138.75

DOCUMENT # L04000057524

1. Entity Name
 DIRTY FIVE GOLF, LLC



Principal Place of Business
 2080 BRENTMOOR DR.
 RALEIGH, NC 27604

Mailing Address
 2080 BRENTMOOR DR.
 RALEIGH, NC 27604

60041000

2. Principal Place of Business - No P.O. Box #
 142 W Platt St
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 458
 Suite, Apt. #, etc.

City & State
 Tampa FL

City & State
 Tampa FL

Zip
 33606

Country
 USA

Zip
 33601

Country
 USA



03262008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

FELDMAN, DONNA J ESQ.
 19321-C U.S. HIGHWAY 19 N.
 103
 CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

4. FEI Number
 20-2894639

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, DONALD E 2080 BRENTMOOR DR. RALEIGH, NC 27604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 142 W Platt St Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michelle A. Lupo 3/28/08 813-868-3100

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