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FAX:

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90021 030 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000073225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                                        |                                                                   |
| 1. Entity Name<br><b>GOLF @ RICE'S LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>221 AVERILL BOULEVARD<br/>FRANKLIN SQUARE, NY 11010</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    | Mailing Address<br><b>221 AVERILL BOULEVARD<br/>FRANKLIN SQUARE, NY 11010</b>                                                           |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                            | Zip                                                                                                                                     | Country                                                           |
| 4. Name and Address of Current Registered Agent<br><b>RICE, THOMAS<br/>28642 VIA D'AREZZO DRIVE<br/>BONITA SPRINGS, FL 34134</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | 5. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 6. 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 relocating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                                                                                                         |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| B. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | C. ADDITIONS/CHANGES                                                                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>RICE, THOMAS L<br>221 AVERILL BOULEVARD<br>FRANKLIN SQUARE, NY 11010 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>RICE, KENNETH S<br>221 AVERILL BOULEVARD<br>FRANKLIN SQUARE, NY 11010 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>RICE, THOMAS <i>h</i><br>221 AVERILL BOULEVARD<br>FRANKLIN SQUARE, NY 11010 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(b), 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 605, Florida Statutes. |                                                                                                                    |                                                                                                                                         |                                                                   |
| SIGNATURE: <i>Thomas L Rice</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | 4/28/2005 5164372765                                                                                                                    |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF BEHIND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | Date                                                                                                                                    |                                                                   |

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4. FEI Number **20-1734313** Applied For Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required