


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000073513 1. Entity Name PROVISION GOLF, LLC	
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Principal Place of Business 810 SATURN STREET, SUITE 16 JUPITER FL 33477	Mailing Address 810 SATURN STREET, SUITE 16 JUPITER FL 33477
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-1727309	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WINSECK, FREDERICK R 810 SATURN STREET, SUITE 16 JUPITER FL 33477	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGR WINSECK, FREDRICK R. 18750 SE PINENEEDLE LANE TEQUESTA FL 33469	<input type="checkbox"/>
TITLE	MGR SPAGAN, WALTER 3410 GALT OCEAN DRIVE, SUITE 1803 FORT LAUDERDALE FL 33308	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

10. ADDITIONS / CHANGES		Change	Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	U00000573276 08/03/06-80004-012 55.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: Frederick R. Winseck Date: 7/31/06

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