

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90040 038 ****50.00

DOCUMENT # L04000083806 1. Entity Name GOLF GARDENS L.L.C.					
Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US			Mailing Address 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1938725 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE 106 WESTON, FL 33326				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 _____ 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 STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CIRO 1625 N. COMMERCE PARKWAY SUITE#315 WESTON, FL 33326	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VINCENSO 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33325	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: _____ 4/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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