

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085955

**FILED**  
**Feb 21, 2005**  
**Secretary of State**

**Entity Name:** FRENCHMANS RESERVE GOLF AND COUNTRY CLUB PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

200 MONTANT DR.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

200 MONTANT DR  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 41-2165621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY, JACQUELINE A  
200 MONTANT DR  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MAY, JACQUELINE A  
Address: 200 MONTANT DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: MAY, STEVEN M SR  
Address: 200 MONTANT DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JACQUELINE A. MAY

MGRM

02/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date