

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088113

FILED
May 25, 2005
Secretary of State

Entity Name: GOLF STRATEGIES ACQUISITIONS, L.L.C.

Current Principal Place of Business:

737 MAIN STREET, SUITE 201
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

737 MAIN STREET, SUITE 201
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-2780291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOORE, STEVEN W
8200 BRYAN DAIRY ROAD, SUITE 300
LARGO, FL 33777 US

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: MGR () Delete
Name: WHITE, DOUGLAS
Address: 737 MAIN STREET, SUITE 201
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: STAFFORD, WILLIAM
Address: 737 MAIN STREET, SUITE 201
City-St-Zip: SAFETY HARBOR, FL 34695

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: WILLIAM STAFFORD

MGR

05/25/2005

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