## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000007726

**GOLF FRONTAGE LLC** 



**FILED** May 12, 2008 08:00 AN Secretary of State

Principal Place of Business

3302 TALA LOOP LONGWOOD, FL 32779 US Mailing Address

**3302 TALA LOOP** 

LONGWOOD, FL 32779

US



DO NOT WRITE IN THIS SPACE

01082008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number 36-4568213 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEGEL, BRADEN S 1364 CHATFIELD PLACE ORLANDO, FL 32814

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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, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000950979 06/04/08-80013-013 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGRM KOEGEL, JOHN A 3302 TALA LOOP
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEGEL, BRADEN S 1364 CHATFIELD PLACE ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEENAN, MARK A 500 PICKFORD PT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the into half 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 managing me

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME