

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90082 031 \*\*\*\*50.00

<b>DOCUMENT # L05000029869</b> 1. Entity Name <b>THE FOUNDERS CLUB GOLF COTTAGES, L.L.C.</b>					
Principal Place of Business <b>1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236</b>			Mailing Address <b>1343 MAIN STREET, SUITE 602 SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>240 S. Pineapple Ave.</b> Suite, Apt. #, etc. <b>Ste 400</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b>		3. Mailing Address <b>240 S. Pineapple Ave.</b> Suite, Apt. #, etc. <b>Ste 400</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b>			
4. FEI Number <b>20-2568143</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HANAN, BENJAMIN R 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr. U.S. Assets Realty Group, Inc. 240 S. Pineapple Avenue, Ste 400 Sarasota, FL 34236</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr. TRG Development Co. LLC 2201 Cantu Court, Ste 100 Sarasota, FL 34232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					



ATTACHMENT

30002270

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

THE FOUNDERS CLUB GOLF COTTAGES, L.L.C.  
240 S. PINEAPPLE AVE.  
SUITE 400  
SARASOTA, FL 34236

Subject: **THE FOUNDERS CLUB GOLF COTTAGES, L.L.C.**

Reference Number: **L05000029869**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314