

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029869

1. Entity Name  
THE FOUNDERS CLUB GOLF COTTAGES, L.L.C.



Principal Place of Business  
240 S. PINEAPPLE AVE  
STE. 400  
SARASOTA, FL 34236

Mailing Address  
240 S. PINEAPPLE AVE  
STE. 400  
SARASOTA, FL 34236

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2568143

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HANAN, BENJAMIN R  
240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	U.S. ASSETS REALTY GROUP, INC.
STREET ADDRESS	340 S. PINEAPPLE AVE., STE. 400
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	TRS DEVELOPMENT CO., LLC
STREET ADDRESS	2201 CANTU CT., STE. 100
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/15/07-80132-021 50.00

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/07 941-365-7834