

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90023 005 ***138.75

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01072008 Chg-LLC CR2E083 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 3001 Founders Club Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3001 Founders Club Dr. <small>Suite, Apt. #, etc.</small>			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 20-2568143	
Zip 34240		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANAN, BENJAMIN R 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name JAMES A. TALLMAN Street Address (P.O. Box Number is Not Acceptable) 3001 Founders Club Dr. City Sarasota FL Zip Code 34240		
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 JAMES A. TALLMAN 1-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR U.S. ASSETS REALTY GROUP, INC. 340 S. PINEAPPLE AVE., STE. 400 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR TRS DEVELOPMENT CO., LLC 2201 CANTU CT., STE. 100 SARASOTA, FL 34232	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				
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: JAMES A. TALLMAN 1-18-08 941-378-3583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					