
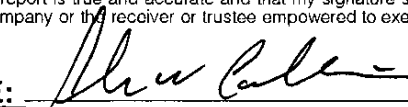


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90029 026 \*\*\*\*50.00

<b>DOCUMENT # - L05000038154</b> 1. Entity Name <b>CLUB 69, LLC</b>																																															
Principal Place of Business <b>227 N LAKE HARTRIDGE DR. WINTER HAVEN FL 33881</b>			Mailing Address <b>227 N LAKE HARTRIDGE DR. WINTER HAVEN FL 33881</b>																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																													
City & State Zip		City & State Zip		4. FEI Number <b>NO-T APPLICABLE</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>COLLINS, JOHN W III 227 N LAKE HARTRIDGE DR. WINTER HAVEN FL 33881</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 reinstating) DATE _____																																															
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%;"> <b>MGR COLLINS, JOHN W III 227 N. LAKE HARTRIDGE DR. WINTER HAVEN FL 33881</b> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td> </td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td> </td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td> </td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td> </td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td> </td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR COLLINS, JOHN W III 227 N. LAKE HARTRIDGE DR. WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>  <b>03-28-2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															