

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038698

Entity Name: GAINESVILLE TURF, LLC

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

342 KNOTTYWOOD LANE  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

## Current Mailing Address:

342 KNOTTYWOOD LANE  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 20-2712137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CMJ MANAGEMENT, LLC  
342 KNOTTYWOOD LANE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PRESCOTT, WILLIAM P JR  
Address: 9080 EQUUS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM ( ) Delete  
Name: WILKENS, SCOTT  
Address: 15845 ROLLING MEADOWS CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: HYSLOPE, KENNITH  
Address: 4240 S.E. 128TH AVE.  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM ( ) Delete  
Name: CMJ MANAGEMENT, LLC,  
Address: 342 KNOTTYWOOD LANE  
City-St-Zip: WELLINGTON, FL 33414 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY PRESCOTT

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date