


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000041458		
1. Entity Name TROPHY GOLF & RESORTS, LLC.		
Principal Place of Business 8332 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455		Mailing Address 8332 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHNARE, JAMES H II 660 U.S. HIGHWAY #1 THIRD FL NORTH PALM BEACH, FL 33408		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
U000000900731 04/29/08-80040-018 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOCKHART, LEE M 8332 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZMETROUCH, MICHAEL 9 ATLANTIC AVE MARBLEHEAD, MA 01945	
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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: <u>Lee M. Lockhart</u> Lee M. Lockhart 7/14/08 772-781-1623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		