

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041458

FILED
Apr 24, 2009
Secretary of State

Entity Name: TROPHY GOLF & RESORTS, LLC.

Current Principal Place of Business:

8332 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455

New Principal Place of Business:

8332 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

8332 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455

New Mailing Address:

8332 S.E. DOUBLE TREE DRIVE
HOBE SOUND, FL 33455 US

FEI Number: 26-0114256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNARE, JAMES H II
660 U.S. HIGHWAY #1 THIRD FL
NORTH PALM BEACH, FL 33408 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: MGR () Delete
Name: LOCKHART, LEE M
Address: 8332 S.E. DOUBLE TREE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: ZMETROUICH, MICHAEL
Address: 9 ATLANTIC AVE
City-St-Zip: MARBLEHEAD, MA 01945

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ZMETROVICH, MICHAEL
Address: 82 WASHINGTON STREET
City-St-Zip: MARBLEHEAD, MA 01945

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: LEE M. LOCKHART

MGR

04/24/2009

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