

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041458

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** TROPHY GOLF & RESORTS, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: LOCKHART, LEE M  
Address: 8332 S.E. DOUBLE TREE DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM  
Name: ZMETROVICH, MICHAEL  
Address: 40 TIOGA WAY  
City-St-Zip: MARBLEHEAD, MA 01945

I hereby 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

04/06/2011

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