

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041764

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** PORT CHARLOTTE GOLF COURSE, LLC

**Current Principal Place of Business:**

99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

C/O JACK O. HACKETT II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 20-5568755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HACKETT, JACK O II  
FARR, FARR, EMERICH, HACKETT AND CARR, PA  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

RYAN, WILLIAM  
22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952 US

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: WILLIAM RYAN

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PORT CHARLOTTE GOLF CLUB, INC.  
Address: 22400 GLENEAGLES TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**ADDITIONS/CHANGES:**

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: WILLIAM RYAN, P OF PC GOLF CLUB, INC.

MGR

04/29/2009

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