


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90023 010 ****50.00

DOCUMENT # L05000054631	
1. Entity Name GOLF VILLAGE MANAGEMENT, LLC	

Principal Place of Business 5499 OAK CREST DR. SARASOTA, FL 34233	Mailing Address 5499 OAK CREST DR. SARASOTA, FL 34233
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20035591



2. Principal Place of Business 8215 Blake Ct Suite, Apt. #, etc. 113 City & State Sarasota FL Zip 34240 Country USA	3. Mailing Address 8215 Blake Court Suite, Apt. #, etc. 113 City & State Sarasota, FL Zip 34240 Country USA
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03272006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent DIVALD, YARON 7400 S. GATOR CREEK BLVD. SARASOTA, FL 34242	
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7. Name and Address of New Registered Agent Name Yaron Devald Street Address (P.O. Box Number is Not Acceptable) 8215 Blake Court City Sarasota FL Zip Code 34240	
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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:  DATE: 4/4/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  Yaron Devald 4/4/06 941-342-6189 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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