


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 022 ****50.00

| | |
|---|---|
| DOCUMENT # L05000054631 1. Entity Name GOLF VILLAGE MANAGEMENT, LLC |  |
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|---|---|
| Principal Place of Business 8215 BLAIRE CT 113 SARASOTA, FL 34240 | Mailing Address 8215 BLAIRE CT 113 SARASOTA, FL 34240 |
|---|---|

60039829



04132007.No.Chg-LLC CR2E083.(11/05)

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| 4. FEI Number 20-2947210 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DIVALD, YARON 8215 BLAIRE CT SARASOTA, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEVALD, YARON 8215 BLAIRE CT SARASOTA, FL 34240 |
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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:   **4/13/07** **941-3212-6129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #