

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 034 ***138.75

DOCUMENT # L05000058762

1. Entity Name
TANTALLON GOLF, LLC



Principal Place of Business
10688-C CRESTWOOD DRIVE
MANASSAS, VA 20109

Mailing Address
10688-C CRESTWOOD DRIVE
MANASSAS, VA 20109

50003291



03212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2999257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K
18086 S.E. VILLAGE CIRCLE
TEQUESTA, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGR |
| NAME | SMITH, KIMBERLY R |
| STREET ADDRESS | 14400 CHAMBERY CIRCLE |
| CITY- ST- ZIP | HAYMARKET, VA 20169 |
| TITLE | MGR |
| NAME | STAPLES, WALTER W |
| STREET ADDRESS | 12307 S.E. BIRKDALE |
| CITY- ST- ZIP | TEQUESTA, FL 33469 |
| TITLE | MGR |
| NAME | MIRAGLIA, MICHAEL L |
| STREET ADDRESS | 9315 N.W. 48TH DORAL TERRACE |
| CITY- ST- ZIP | MIAMI, FL 33178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/08

703.367.1237

Date

Daytime Phone #