

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060964

FILED  
May 15, 2008  
Secretary of State

**Entity Name:** GOLF VIEW PROPERTIES LLC

**Current Principal Place of Business:**

515 SOUTH 6TH  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

515 SOUTH 6TH  
MACCLENNY, FL 32063

**New Mailing Address:**

P O BOX 830  
LAKE CITY, FL 32056

FEI Number: 20-3024899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RHODEN, THOMAS R  
515 SOUTH 6TH  
MACCLENNY, FL 32063      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: MGRM      ( ) Delete  
Name: RHODEN, THOMAS R  
Address: 505 SOUTH 6TH  
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM      ( ) Delete  
Name: TURBEVILLE, RON W  
Address: 2128 SW MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RON W TURBEVILLE

MGRM

05/15/2008

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