


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000078370</b> 1. Entity Name <b>FAYETTEVILLE GOLF &amp; TRAVEL, LLC</b>	
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Principal Place of Business <b>PO BOX 48668 ST. PETERSBURG FLORIDA, FL 33743 US</b>	Mailing Address <b>PO BOX 48668 ST. PETERSBURG FLORIDA, FL 33743 US</b>
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-3354890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOLAN, MARK R ESQ.  
2852 20TH AVE NORTH  
SAINT PETERSBURG, FL 33713**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

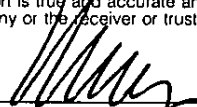

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOLAN, MARK 2852 20TH AVE NORTH SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMIC, CHARLES B 2852 20TH AVE NORTH SAINT PETERSBURG, FL 33713
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05/15/07-80122-001 50.00

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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:  **MARK R. DOLAN** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #