

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088925

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: GOLF LLC

**Current Principal Place of Business:**

1750 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1750 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 20-3447473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

MCCULLOUGH, KAREN K  
1750 W SANDERLING  
FORT PIERCE, FL 34982 US

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: KAREN MCCULLOUGH

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCCULLOUGH, KAREN  
Address: 1750 WEST SANDELING LANE  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR ( ) Delete  
Name: MCCULLOUGH, CHARLES  
Address: 1750 WEST SANDELING LANE  
City-St-Zip: FORT PIERCE, FL 34982

**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 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: KAREN MCCULLOUGH

MGR

04/27/2006

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