

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107861

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** GOLF PARTNERS HOLDINGS I, LLC

**Current Principal Place of Business:**

26811 SOUTH BAY DRIVE, SUITE 240  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

26811 SOUTH BAY DRIVE,  
SUITE # 350  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26811 SOUTH BAY DRIVE, SUITE 240  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

26811 SOUTH BAY DRIVE,  
SUITE # 350  
BONITA SPRINGS, FL 34134

FEI Number: 20-3746091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CECIL, W. JEFFREY ESQ  
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP  
5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES, FL 34108 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: MGR ( ) Delete  
Name: ROSINUS, FRANZA J  
Address: 26811 SOUTH BAY DRIVE, SUITE 240  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROSINUS, FRANZ J  
Address: 26811 SOUTH BAY DRIVE, SUITE 350  
City-St-Zip: BONITA SPRINGS, FL 34134

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: FRANZ ROSINUS

MGR

04/20/2006

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