

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000115943

1. Entity Name

ARLINGTON RIDGE GOLF CLUB LLC



Principal Place of Business

4471 ARLINGTON RIDGE BOULEVARD
LEESBURG, FL 34748

Mailing Address

11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716

FILED
Mar 24, 2008 08:00 A
Secretary of State



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3924397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIR COMMUNITIES INC.
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716

**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	BLAIR COMMUNITIES, INC.
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33716

TITLE	
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U00000867226
04/08/08-80062-002 138.75

**DO NOT WRITE
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:

David M. Felice

3/13/08

(727) 577-5522

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

Date

Daytime Phone #