

2008 LIMITED LIABILITY COMPANY,
ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000063861

1. Entity Name
SPANISH WELLS GOLF COURSE, LLC



Principal Place of Business
24880 BURNT PINE DR. #8
BONITA SPRINGS, FL 34134

Mailing Address
24880 BURNT PINE DR. #8
BONITA SPRINGS, FL 34134



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3034299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWHIRST, NED E
24880 BURNT PINE DR. #8
BONITA SPRINGS, FL 34134

**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

000000910648
05/07/09-80009-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME OAKBROOK PROPERTIES, INC.
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP ST. CHARLES, IL 60174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

Rodney A. Welty, Corp Secretary of the Manager 4-14-08 6305846580

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

Date

Daytime Phone #