


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90154 002 \*\*\*\*50.00

<b>DOCUMENT # L06000073044</b>	
1. Entity Name <b>CLUB CADDIE, LLC</b>	

Principal Place of Business <b>1560 MISTY GLEN LANE CLERMONT, FL 34711</b>	Mailing Address <b>4327 S. HWY 27 SUITE 224 CLERMONT, FL 34711</b>
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**40122659**



2. Principal Place of Business - No P.O. Box # <b>1560 Misty Glen Ln.</b>	3. Mailing Address <b>To Be Changed to</b>
Suite, Apt. #, etc. <b>Principal Place</b>	Suite, Apt. #, etc. <b>of Business (see 2)</b>
City & State <b>CLERMONT, FL</b>	City & State <b>CLERMONT, FL</b>
Zip <b>34711</b>	Country <b>USA</b>

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>76-0833070</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 <b>PRINCE, JAMES W 1560 MISTY GLEN LANE CLERMONT, FL 34711</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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**

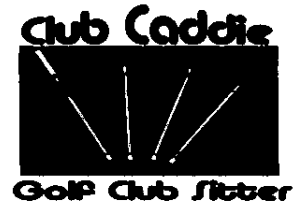
**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRINCE, JAMES W 1560 MISTY GLEN LANE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRINCE, MELANIE J 1560 MISTY GLEN LANE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete <i>(Deceased)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *James W. Prince* **JAMES W. Prince** *6/15/07* **352-552-2510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
40122659



Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

June 15, 2007

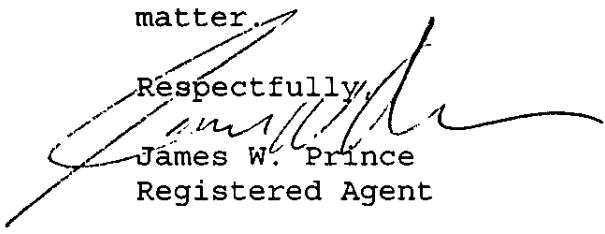
RE: Club Caddie, LLC  
#L06000073044

To Whom It May Concern:

Please accept my deepest business apology; however,  
Managing Member - my wife, Melanie J. Prince unfortunately  
became ill and suddenly died on May 11, 2007.

As a result of this untimely tragedy; I overlooked numerous  
responsibilities, one of which, our LLC - and enclosed you  
will find payment in the amount of \$50.00 for renewal, of  
which I hope will suffice. Also, please note the change of  
mailing address.

Thank-you for your understanding and acceptance in this  
matter.

Respectfully,  
  
James W. Prince  
Registered Agent

PS; A Death Certificate is available upon request.