2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075754

City-St-Zip:

NORTH PALM BEACH, FL 33408

Entity Name: JACK NICKLAUS GOLF CLUB, LLC

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 500							
NORTHP	ALM BEACH, F	L 33408					
Current Mailing Address:				New Mailing Address:			
SUITE 500	. HIGHWAY #1 I ALM BEACH, F	L 33408					
FEI Number:	20-5509616	FEI Number Applied For ()	FEI Num	ber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HALLE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY #1 THIRD FLOOR NORTH PALM BEACH, FL 33408 US				HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY #1 THIRD FLOOR NORTH PALM BEACH, FL 33408 US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of	changing i	ts registered	d office or registered agent, or botl	
SIGNATURE: OREN S. TASINI, SECRETARY Electronic Signature of Registered Agent				03/17/2009			
				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	DOTY, DONNA I 11780 U.S. HIGH	Delete HWAY #1, SUITE 500 EACH, FL 33408		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	NICKLAUS, JAC 11780 U.S. HIGH	Delete K W HWAY #1, SUITE 500 EACH, FL 33408		Title: Name: Address: City-St-Zip:		(X) Change () Addition JACK W HIGHWAY #1, SUITE 500 M BEACH, FL 33408	
Title: Name: Address: City-St-Zip:	KENNY, TIMOTH 11780 U.S. HIGH	Delete IY P HWAY #1, SUITE 500 EACH, FL 33408		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	O'BRIEN, ANDY 11780 U.S. HIGH	Delete HWAY #1, SUITE 500 EACH, FL 33408		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	COSTANTINO, E	Delete :LEANOR :WAY #1, SUITE 500		Title: Name: Address:		(X) Change ()Addition O, ELEANOR HIGHWAY #1, SUITE 500	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

NORTH PALM BEACH, FL 33408

SIGNATURE: DONNA L. DOTY S 03/17/2009