

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104915

Entity Name: GOLF EXPERIENCES LLC

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

220 PONTE VEDRA PARK DR.  
STE 260  
PONTE VEDRA BEACH, FL 33082

## Current Mailing Address:

220 PONTE VEDRA PARK DR.  
STE 260  
PONTE VEDRA BEACH, FL 33082

## New Principal Place of Business:

220 PONTE VEDRA PARK DR.  
STE 260  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

220 PONTE VEDRA PARK DR.  
STE 260  
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-6521462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FECHTER, JOHN  
425 SOUTH LEGACY TRAIL  
ST. AUGUSTINE, FL 32092 US

## Name and Address of New Registered Agent:

FECHTER, JOHN  
220 PONTE VEDRA PARK DRIVE  
SUITE 260  
PONTE VEDRA BEACH, FL 32082 US

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:

03/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: FECHTER, JOHN  
Address: 425 S LEGACY TRAIL D-102  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: FECHTER, JOHN  
Address: 220 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE: JILL A. MCCAULEY

CONT

03/11/2009

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