

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108903

Entity Name: AM GOLF PARTNERS LLC

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

2645 STANTON HALL COURT  
WINDERMERE, FL 34786

## New Principal Place of Business:

224 LONGHIRST LOOP  
OCOE, FL 34761

## Current Mailing Address:

2645 STANTON HALL COURT  
WINDERMERE, FL 34786

## New Mailing Address:

224 LONGHIRST LOOP  
OCOE, FL 34761

FEI Number: 20-5853135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSHALL, ALEXANDER W  
2645 STANTON HALL COURT  
WINDERMERE, FL 34786 US

## Name and Address of New Registered Agent:

MARSHALL, ALEXANDER W  
224 LONGHIRST LOOP  
OCOE, FL 34761 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:

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MARSHALL, ALEXANDER W  
Address: 2645 STANTON HALL COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: ROGERS, GARY  
Address: 3536 VIA POINCIANA  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEXANDER W MARSHALL

MGRM

04/14/2009

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