


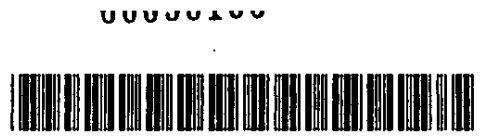
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90378 012 ****55.00

DOCUMENT # L06000115456	
1. Entity Name SAWGRASS CLUB REALTY, L.L.C.	

Principal Place of Business 2 SPYGLASS LANE PONTE VEDRA BEACH, FL 32082	Mailing Address 2 SPYGLASS LANE PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box # 10033 SAWGRASS DR. W	3. Mailing Address 10033 SAWGRASS DRIVE W
Suite, Apt. #, etc. # 226	Suite, Apt. #, etc. # 226
City & State PONTE VEDRA BEACH, FL	City & State PONTE VEDRA BEACH, FL
Zip 32082	Country USA

02142007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-8041038	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BRILEY, D. RANDALL 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, MARK <input type="checkbox"/> Delete 2 SPYGLASS LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 10033 SAWGRASS DR. W. #226 PONTE VEDRA BCH, FL 32082
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Mark Ryan (Mark Ryan) 4-12-07 (904) ²⁸⁰ 1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #