


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 OCT 21 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000010049</b> 1. Entity Name B SHORE GOLF, LLC					
Principal Place of Business 707 GULF PARK DRIVE NAPLES, FL 34108			Mailing Address 707 GULF PARK DRIVE NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # <b>NIA</b>		3. Mailing Address <b>NIA</b>		  01082008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DEMALLIE, JAMES 707 GULF PARK DRIVE NAPLES, FL 34108			7. Name and Address of New Registered Agent Name <b>NIA</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEMALLIE, JAMES 707 GULF PARK DRIVE NAPLES, FL 34108		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	
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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<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT 08</b> </div> <div>         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.       </div> </div>					
SIGNATURE: <u>James G. Demallie</u> <b>JAMES G. DEMALLIE</b> <u>10/12/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					