2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 01, 2008 8:00 am Secretary of State

Daytime Phone #

Date

DOCUMENT # L07000040562 1. Entity Name THE CLUBHOUSE GRILL LLC Mailing Address
Principal Place of Business Substance Stature SPRINGS BLVD OCALA, FL 34479 US 34458 34458 34458 34458 34458 34458 34458 34458 Suite, Apt. #, etc.
Principal Place of Business 5436 E SILVER SPRINGS BLVD OCALA, FL 34476 US 34478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc. Q4212008 ChgLLC CR2E083 (12/06) City & State Country Zip 34488 Zip Control
SAJÉ E SILVER SPRINCS BLVD OCALA, FL 34479 US 34478 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State City & State Of Row Registered Agent To Anddress (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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 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 STREET ADDRESS (City State) City State Application of Status Desired Application of Status Desired Application of Status Desired Application of Status Desired
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City & State Country City S. Certificate of Status Desired Street Address of New Registered Agent 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Now!!! FEE IS \$138.75 After May 1, 2008 Foe will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Florida Department of State Sirect Address of Now Registered Agent with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Make check payable to Florida Department of State Sirect Address of Now Registered Agent age
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8. Name and Address of Current Registered Agent Fee Required Name Name Name 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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyber or protect name or inspassive agent and the 4 applicable. NOTE: Registered Agent agent agent agent agent when rentating) DATE Make check payable to Florida Department of State RNOTE: Registered Agent agent agent agent when rentating) DATE Make check payable to Florida Department of State 8. MANAGING MEMBERS/MANAGERS INTEE MORRI KOEHN, COLLEEN K SIREET ADDRESS 15 ALMOND TRAIL PLACE OCALA, FL 34472 Delete NAME SIREET ADDRESS CITY-ST-ZP INTEE Delete INTEE Addition
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KOEHN, COLLEEN K 15 ALMOND TRAIL PLACE OCALA, FL 34472 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name or repatitive agent and tille if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Foo will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITIE MAME KOEHN, COLLEEN K SIREET ADDRESS CITY-SI-ZP OCALA, FL 34472 TITLE Delete TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE Delete TITLE Delete TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE Delete TITLE MAME SIREET ADDRESS CITY-SI-ZP TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete TITLE Delete Delete Delete Delete TITLE Delete Delete Delete Delete Delete Delete Delete Delete Delete TITLE Delete D
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