

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067164

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GARY GILCHRIST GOLF ACADEMY, LLC

**Current Principal Place of Business:**

10400 COUNTY ROAD 48  
HOWEY-IN-THE-HILLS, FL 34737 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 95  
HOWEY-IN-THE-HILLS, FL 34737

**New Mailing Address:**

**FEI Number:** 61-1548439      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILCHRIST, LEEANNE  
10400 COUNTY ROAD 48  
HOWEY-IN-THE-HILLS, FL 34737 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GILCHRIST, LEEANNE  
**Address:** 10400 COUNTY ROAD 48  
**City-St-Zip:** HOWEY-IN-THE-HILLS, FL 34737 US

**Title:** MGRM  
**Name:** GILCHRIST, GARY  
**Address:** 10400 COUNTY ROAD 48  
**City-St-Zip:** HOWEY-IN-THE-HILLS, FL 34737 US

**Title:** MGRM  
**Name:** SUMMERS, ANDREW  
**Address:** 3 CASTLEBRIDGE CT  
**City-St-Zip:** HILTON HEAD ISLAND, SC 29928

I hereby 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:** GARY GILCHRIST

MGRM

04/26/2012

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