

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078403

FILED
Jan 20, 2008
Secretary of State

Entity Name: F & J GOLF OF ORLANDO, LLC

Current Principal Place of Business:

5315 CHAMIPINSHIP CUP LN.
BROOKSVILLE, FL 34609 US

New Principal Place of Business:

5315 CHAMPIONSHIP CUP LN.
BROOKSVILLE, FL 34609 US

Current Mailing Address:

5315 CHAMIPINSHIP CUP LN.
BROOKSVILLE, FL 34609 US

New Mailing Address:

5315 CHAMPIONSHIP CUP LN
BROOKSVILLE, FL 34609 US

FEI Number: 75-3249740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, FREDRICK L
10145 AIRY OAKS COURT
WEEKI WACHEE, FL 34613 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 () Delete
Name: F&J GOLF ENTERPRISES, , LLC
Address: 10145 AIRY OAKS COURT
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: F&J GOLF ENTERPRISES, , LLC
Address: 5315 CHAMPIONSHIP CUP LN
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: MGRM () Change (X) Addition
Name: CULLEN, GERALD A
Address: 5315 CHAMPIONSHIP CUP LN
City-St-Zip: BROOKSVILLE, FL 34609 US

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: GERALD A CULLEN

MGRM

01/20/2008

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