


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 022 ***143.75

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| DOCUMENT # L07000098024 |  |
| 1. Entity Name THAD-A-WAY GOLF, LLC | |

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| Principal Place of Business 1159 KITTIWAKE DRIVE VENICE, FL 34285 US | Mailing Address 1159 KITTIWAKE DRIVE VENICE, FL 34285 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 8809 400th LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State PINELLAS PARK, FL |
| Zip | Country |
| 33782 | PINELLAS |

07152008 Chg-LLC CR2E083 (12/06)



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| 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425 | | 7. Name and Address of New Registered Agent Name JEFFREY A. HERZOG, P.A. Street Address (P.O. Box Number is Not Acceptable) 3110 ALTERNATE US 19 3106 Alternate US 19 SUITE B City PALM HARBOR FL Zip Code 34683 | |
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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 *Jeffrey A. Herzog* DATE 7/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MANGINI, AJ 1159 KITTIWAKE DRIVE 8809 400th LANE VENICE, FL 34285 PINELLAS PARK, FL 33782 <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 | MGRM MABREY, ROBERT 1159 KITTIWAKE DRIVE VENICE, FL 34285 <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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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 *Jeffrey A. Herzog* DATE 7/15/08 227-578-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE