


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90089 015 ***138.75

DOCUMENT # L07000102781

1. Entity Name
GOLF CARTS BY CRAIG, LLC



Principal Place of Business
**1374 DUNCAN DRIVE
 THE VILLAGES, FL 32162**

Mailing Address
**1374 DUNCAN DRIVE
 THE VILLAGES, FL 32162**

50007257

2. Principal Place of Business - No P.O. Box #
17145 SE 93 Yondell Circle

3. Mailing Address
17145 SE 93 Yondell Circle

Suite, Apt. #, etc.

City & State
The Villages FL

City & State
The Villages, FL

Zip
32162

Country
USA



06032008 Chg-LLC GR2E083 (12/06)

4. FEI Number
26-1217230

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**THE MILLHORN LAW FIRM, LLC
 13710 US HIGHWAY 441
 SUITE 100
 THE VILLAGES, FL 32159**

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 RHODES, CRAIG A 1374 DUNCAN DRIVE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17145 SE 93 Yondell Circle The Villages, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, SETH L 1374 DUNCAN DRIVE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17145 SE 93 Yondell Circle The Villages, FL 32162
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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

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: Craig Rhody Date: 6-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #