

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122854

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE GRAND RESERVE GOLF, LLC

Current Principal Place of Business:

235 OAK BRANCH BLVD
BUNNELL, FL 32110

New Principal Place of Business:

400 GRAND RESERVE BLVD
BUNNELL, FL 32110

Current Mailing Address:

707 SHORES BLVD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-1131017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLEN, MIKE
707 SHORES BLVD
ST AUGUSTINE, FL 32086 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: PULLEN, MIKE
Address: 180 FONECA DR BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR () Delete
Name: JONES, J. ROBERT JR
Address: 110 W CLUB DR
City-St-Zip: CARROLLTON, GA 30117

Title: MGR () Delete
Name: WOLCOTT, BOB E
Address: 2555 HIGHWAY 70 EAST
City-St-Zip: DICKSON, TN 37055

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE PULLEN

MGM

03/24/2009

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