

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122854

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** THE GRAND RESERVE GOLF, LLC

**Current Principal Place of Business:**

400 GRAND RESERVE BLVD  
BUNNELL, FL 32110

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PULLEN, MIKE  
707 SHORES BLVD  
ST AUGUSTINE, FL 32086      US

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

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

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

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:** MIKE PULLEN

MGR

05/04/2010

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