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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Floribra-Falcon's Fire Golf Club, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly L. Collins

Name of Person

Nelson Mullins Broad and Cassel

Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City/State and Zip Code

holly.collins@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly L. Collins

Name of Person

407

Area Code

839-4200

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Floribra-Falcon's Fire Golf Club, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000061272

THIRD: The street address of the limited liability company's principal office is:

390 N. Orange Avenue, Suite 1400

Orlando, Florida 32801

The mailing address of the limited liability company's principal office is:

390 N. Orange Avenue, Suite 1400

Orlando, Florida 32801

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: C. David Brown, II

Holly L. Collins

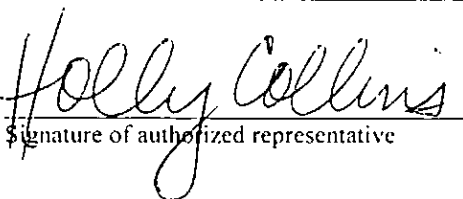
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: C. David Brown, II

Holly L. Collins

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Holly L. Collins

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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