

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: NICKLAUS INTERACTIVE, LLC

Current Principal Place of Business:

11780 US HWY ONE 5TH FLOOR
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 US HWY ONE 5TH FLOOR
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 27-0859584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER PA
660 US HWY ONE 3RD FLOOR
NORTH PALM BEACH, FL 33408 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: P
Name: NICKLAUS, GARY T
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP
Name: SAMPLE, ROBERT J
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP
Name: CHU, TIEN
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP
Name: SCHNARE, JAMES H II
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: T
Name: COSTANTINO, ELEANOR
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S
Name: DOTY, DONNA
Address: 11780 U.S. HIGHWAY ONE, SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: DONNA L. DOTY

S

04/08/2011

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