

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90040 029 ****55.00

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DOCUMENT # L92000000060 1. Entity Name GOLF PARK, L.C.					
Principal Place of Business 150 S.E. 2ND AVENUE SUITE 1002 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE SUITE 51-246 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0396935	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 SE 2ND ST STE 2222-A MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBC FIDUCIARY INC.		NAME		
STREET ADDRESS	100 SE 2ND ST 2222-A		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33131		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANADIAN FUNDS INC.		NAME		
STREET ADDRESS	2121 NE 40TH AVE		STREET ADDRESS		
CITY- ST- ZIP	OCALA, FL 34470		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILLEX CORPORATION		NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33131		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEUTSCHE FINANZ A.G. CORP.		NAME		
STREET ADDRESS	2533 NORTH CARSON STREET		STREET ADDRESS		
CITY- ST- ZIP	CARSON CITY, NV 89706		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INTERNATIONAL CENTER		NAME		
STREET ADDRESS	150 S.E. 2ND AVENUE STE 1002		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33131		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUROPEAN INVESTMENTS, INC.		NAME		
STREET ADDRESS	444 BRICKELL AVE., 51-246		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33131		CITY- ST- ZIP		
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: <u>L. Ansties</u> L. ANSTIES <u>25 April 2007</u> - NONE - SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE for: CANADIAN FUNDS INC, Managing Member					