
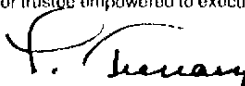


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 MAR 24 AM 8:27</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
1. Name and Mailing Address of Limited Liability Company  <b>TOTAL GOLF DEVELOPMENT, L.C. 1609 ROCKLEDGE DR. ROCKLEDGE FL 32955</b>		<b>DOCUMENT #L93000000420</b>  1a. Principal Place of Business Address <b>3301 OLD WALES Rd 015 GARDS RD. PRO SHOP ✓ LAKE WALES FL 33853 ✓</b>		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>12/01/1993</b>  4. FEI Number <b>59-3234136</b>  5. Date of Last Report <b>02/19/1996</b>
3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>		
7. Name and Address of Current Registered Agent  <b>GREENSPOON, GERALD 100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE FL 33309</b>			8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  <b>600002125246-9 -03/26/97-01125-001 ***203.75 FL</b>	
<small>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations</small>				
<small>SIGNATURE _____ (Signature of Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)</small>  <small>DATE _____</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MEM	TRENARY, LARRY	674 DOGGERHEAD ISLAND DR	SATELLITE BEACH FL	
MEM	ATKINSON, GEORGE W	8 RUE DE BADIER	MOUGINS FRANCE FL	
MEM	GAWNE, RICHARD	124 STEVENSON AVE.	BABSON PARK BC	
 <b>3/3/97 407-688-4982</b>				
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.</b>				
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR MANAGER</small>				
<small>Date</small> _____ <small>Daytime Phone #</small> _____				