

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000351

Entity Name: THE CLUB ESTATES, LLC

FILED  
Feb 14, 2007  
Secretary of State

**Current Principal Place of Business:**

4443 CLUB ESTATES DRIVE  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

1297 N. LEWIS STREET  
PO BOX 397  
GLENVILLE, WV 263510397

**New Mailing Address:**

P. O. BOX 397  
1297 N. LEWIS STREET  
GLENVILLE, WV 263510397

FEI Number: 59-3390947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OATES, MARC F P.A.  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109 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: MGRM ( ) Delete  
Name: MORRIS, IKE L JR.  
Address: 1297 N. LEWIS STREET, P.O. BOX 397  
City-St-Zip: GLENVILLE, WV 26351  
  
Title: MGRM ( ) Delete  
Name: THE CLUB ESTATES OF, MICHIGAN, LLC  
Address: 839 NORTH ROCHESTER RD.  
City-St-Zip: CLAWSON, MI 48017

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, IKE L  
Address: 1297 N. LEWIS STREET, P.O. BOX 397  
City-St-Zip: GLENVILLE, WV 26351  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: I L MORRIS

MGRM

02/14/2007

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