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

INHSE10 R(12-96)



LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

ANNUAL REPORT 1997				Sandy B. Mortham Secretary of State DIVISION OF CORPORATIONS				1997 FEB 1 4 AM 10: 20				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE.FLORIDA				
	and Mailing Ad ited Liability Co	dress mpany	DOCUM	/ENT	# _{L960}	00000	652					
PREMIER GOLF ASSOCIATES, L.C.								1a. Principal Place of Business Address				
J	901 MON ACKSONV	VILLE I	FL 3222	B901 MONUMENT ROAD JACKSONVILLE FL 32225								
If above mailing address is incorrect in any way, line through Incorrect I 2. Principal Place of Business 2a. Mailine						and enter cor	rection in Block 2a.	3. Date Organiz	ed or Qualified	3a. State of	Formation	
Suite, Apt. #, etc. Suit					te, Apt. #, etc.			06/14/19	96	r <u>L</u>		
					· .			4. FEI Number Applied For				
City & Sta	ite		City & State				51-338562 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired					
Zip		Country		Zip	·· ·	Counti	ry	J 5. Date of Last F	чвроп		al Fre Reguired	
	7. Name	and Addres	s of Current R	egistered	Agent			8. Name and Add	ress of New Re	gistered Age	nt	
CARPE	NTER, D	ONALD					Name					
3901	MONUMEN ONVILLE	IT ROAL				Street Address (P.O. Box Number is Not Acceptable)						
							Sulte, Apt. #, etc.					
•						City	Zip Code					
its registe		istered agent,	or both, in the S								urpose of changing ept the appointment	
SIGNATURE									DATE			
10. Title	Ma	Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGR	HIDDEN HILLS LIMITED, 3901 MONUME						NT ROAD		JACKSON	VILLE 1	FL ,	
		·					erik Programa	6 0	0002 -02/18 ****2	0901 /9701 03.75	066 013017 ****203.75	
]											ned up	
indicated of limited liab	on this annual r	eport is true a or the receiver	ne accurate an	d that my	ignat a e sha	Ji have #hør≀	same/legal effect a:	ection 119.07(3) (i), i s if made under oath 608, Florida Statute	n; that I am a mai s; and that my na	naging membe ame appeare ii	r or manager of the	
SIGN	IATURE	•/ /	// //	1/	1//	/		/	27-9	7 5	27-4921	