


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 AM 11:23

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000891
KIRKLAND ENTERPRISES, L.L.C. 6601 N DAVIS HWY. SUITE 402 PENSACOLA FL 32504	

1a. Principal Place of Business Address
6601 N DAVIS HWY. SUITE 402 PENSACOLA FL 32504

2. Principal Place of Business PRO GOLF DISCOUNT Suite, Apt. #, etc. 6601 N. DAVIS Hwy #402 City & State PENSACOLA FL 32504 Country USA	2a. Mailing Address PRO GOLF DISCOUNT Suite, Apt. #, etc. 6601 N. DAVIS Hwy #402 City & State PENSACOLA FL 32504 Country USA	3. Date Organized or Qualified 08/13/1997	3a. State of Formation FL
		4. FEI Number 59-3469674	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002454651--6 Suite, Apt. #, etc. -03/12/98--01006--003 ****188.75 ****188.75 City FL Zip Code
---	--

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.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KIRKLAND, DAVID	4331 HALIFAX TERRACE	ROSEWELL GA
MGRM	KIRKLAND, DAL	1700 CHAMPION CIRCLE	HUNTSVILLE AL

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.

SIGNATURE: David Kirkland / DAVID KIRKLAND 3-4-98 475-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #