


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -5 AM 11:28 | |
| 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 # 197000000891 KIRKLAND ENTERPRISES, L.L.C. PRO GOLF DISCOUNT 6601 N. DAVIS HWY. #402 PENSACOLA FL 32504 <i>GA-AR CM</i> | | 1a. Principal Place of Business Address PRO GOLF DISCOUNT 6601 N. DAVIS HWY. #402 PENSACOLA FL 32504 | | | |
| 2. Principal Place of Business <i>Same as ABOVE</i> | | 2a. Mailing Address | | 3. Date Organized or Qualified 08/13/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. State of Formation FL | |
| City & State | | City & State | | 4. FEI Number 59-3469674 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Date of Last Report 03/09/1998 | |
| 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) Suite, Apt. #, etc. 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 _____ <small>(Registered Agent Accepting Appointment) (If Not Registered Agent Signature, Enter Name of Company)</small> | | | | | |
| 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 | |
| 4000002841184 -04/16/99 -01002-018 ****188.75 ****188.75 | | | | | |
| 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: <i>David Kirkland</i> | | 4-1-99 | | 850-484-7758 | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER) | | | | | |