# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 07, 2008 8:00 am**
**Secretary of State**
05-07-2008 90015 020 ***138.75

DOCUMENT # L97000001029

1. Entity Name
PACER GOLF, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 8575 PONDEROSA AVENUE<br>PORT RICHEY, FL 34668 | 8575 PONDEROSA AVENUE<br>PORT RICHEY, FL 34668 |

DO NOT WRITE IN THIS SPACE

03032008No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3481219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALVANO, WILLIAM S
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS MGRM

| | |
|---|---|
| TITLE | MGRM |
| NAME | HILL, MERI |
| STREET ADDRESS | 447 FIELDSTONE DR |
| CITY-ST-ZIP | VENICE, FL 34292 |

MARY HOPPER
13 MOUNTAIN LAKE DR.
HENDERSONVILLE NC
28739

| | |
|---|---|
| TITLE | MGRM |
| NAME | PACE, SUZANNE |
| STREET ADDRESS | 11010 ROLLINGWOOD DR |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 |
| TITLE | MGRM |
| NAME | STEPHENS, SARAH |
| STREET ADDRESS | 328 BUTTONWOOD DR |
| CITY-ST-ZIP | LAKE MARY, FL 32746 |
| TITLE | MGRM |
| NAME | VENIT, WILLIAM |
| STREET ADDRESS | 323 SUWANNE AVENUE |
| CITY-ST-ZIP | SARASOTA, FL 34243 |
| TITLE | MGRM |
| NAME | HARTWIG, LUTZ |
| STREET ADDRESS | SCHOENER BLICK 4 |
| CITY-ST-ZIP | 22587 HAMBURG, GERMANY, |
| TITLE | MGRM |
| NAME | HARTWIG, KARIN |
| STREET ADDRESS | SCHOENER BLICK 4 |
| CITY-ST-ZIP | 22587 HAMBURG, GERMANY, |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Suzanne Pace SUZANNE PACE 4.21.08 727.863.1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #