| subject to a \$ 400. LIMITED LIABILITY | | FLORIDA DE | EPARTME | NT OF ST | | | | | |
|--|--|--|--|-------------|-------------------------------------|--|-----------------------|------------------------------------|---------------------------------------|
| ANNUAL REF | PORT | Sec | herine H cretary of S | State | | | FIL | .ED | |
| 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | 99 MAR 17 AM 8: 16 | | | |
| \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | SECRETARY OF STATE | | | |
| 1. Name and Malling Address of Limited Liability Company DOCUMENT # 1980000 0 0 2 0 7 | | | | | | TA | ΕΙ ΔΗΔ\$S | ĖĔ, FLŌŔ | lQĀ |
| LUCERNE EXECUTIVE GOLF CLUB, L.C. 2006-SOUTHERN DUNES BLVD. HIANES CITY 33844 | | | | | | 1a. Principal Place of Business Address 2006 SOUTHERN DUNES BLVD. HIAMES GITY FI 33844 | | | |
| | | | | | | | | | |
| 2 Principal Place of Business = 20. Mailing Xoness | | | | | | 3500 Lacerne Park Rd., N.E. 3. Whater Market and J. S. S. S. S. Formation | | | |
| 2 Findpart lace of bosine | | | | | 02/18/1 | | FL | or romanor | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 4. FEI Number | | | Applied For |
| City & State | | City & State | | | | Not Applicable | | | |
| Zip C | ountry Z | ip | Country | ý | | 6. Date of Last R | eport | l | te of Status Desired |
| 7. Name an | d Address of Current Reg | Istered Agent | - | | 8. 1 | lame and Address | of New Regis | l . | |
| STRAUGHN, RICHARD B | | | | Name | | | | | |
| 255 MAGNOLIA WINTER HAVEN | | Street Address (P. Sulte, Apl. #, etc. | | | (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Ì | City | | • | FL | Zip Code | |
| Pursuant to the provision its registered office or register as registered agent, and acceptance. | red agent, or both, in the Sta | | | | | | | | |
| SIGNATURE | (Registered Agent Accepting Appoin | MOTE Parished | Annal sinceline | | | | DATE | | · · · · · · · · · · · · · · · · · · · |
| 10. Title Manag | ing Members/Managers | imeni) (NOTE Nagriorae | | ss Streel A | | | City | , State and Zi | p Code |
| MGRM PERRY, | WILLIAM E SE | 2006 | SOUT | HERN | DUNI | ES BLVD. | HIANE | S CITY | FL |
| MGRM JOYNER- | PERRY, JEAN | | | | | | | S CITY | |
| | | İ | | | | | | | |
| | | | | H | 03 | 388 70 114 (99 | 0002 -03/2 **** | 2 01 9; 6/990 188, 75 | 2:4 7 1010004 ****168.79 |
|] | | _ 5 | 3.24 | .99 | | | | | |
| 11. I do hereby certify that the indicated on this annual replimited liability company or the attachment with an address | ort is true and accurate and he receiver or trustee empor | that my signature sha | all have the s | same legal | effect as | if made under oath | n, thai I am a ma | anaging memb | ber or manager of the |
| SIGNATURE: | Want | Jem | l | | | 9-1 | 14/99 | 941 4 | 1215118 |

INHSE10 R (12-98)