

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000368

Entity Name: THE GOLF SHOW, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

6537 BURNHAM CIRCLE  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

BOX 1424  
PONTE VEDRA BEACH, FL 320004

## New Mailing Address:

FEI Number: 59-3558001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISSELL, KATHLENE  
6537 BURNHAM CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BISSELL, KATHLENE  
Address: P.O. BOX 1424  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR ( ) Delete  
Name: DIEHL, TERRY  
Address: % PGA TOUR SAWGRASS  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: COUPLES, FRED  
Address: % PGA TOUR SAWGRASS  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: PURTZER, TOM  
Address: % PGA TOUR SAWGRASS  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: MORGAN, GIL  
Address: % PGA TOUR SAWGRASS  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLENE BISSELL

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date