

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002020

FILED
Apr 29, 2009
Secretary of State

Entity Name: GREG NORMAN INTERACTIVE, L.L.C.

Current Principal Place of Business:

501 NORTH HWY A1A
JUPITER, FL 33477

New Principal Place of Business:

2041 VISTA PARKWAY, LEVEL 2
WEST PALM BEACH, FL 33411

Current Mailing Address:

501 NORTH HWY A1A
JUPITER, FL 33477

New Mailing Address:

2041 VISTA PARKWAY, LEVEL 2
WEST PALM BEACH, FL 33411

FEI Number: 65-0879675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, JACK
501 NORTH A1A
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

SCHNEIDER, JACK
2041 VISTA PARKWAY, LEVEL 2
WEST PALM BEACH, FL 33411 US

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: JACK SCHNEIDER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLINS, BART
Address: 501 NORTH A1A
City-St-Zip: JUPITER, FL 33477

Title: MGRM (X) Delete
Name: NORMAN, GREG
Address: 501 NORTH A1A
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORMAN, GREG
Address: 2041 VISTA PARKWAY, LEVEL 2
City-St-Zip: WEST PALM BEACH, FL 33411

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: JACK SCHNEIDER

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04/29/2009

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