

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002020

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
2041 VISTA PARKWAY, LEVEL 2  
WEST PALM BEACH, FL 33411 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:** MGRP  
**Name:** NORMAN, GREG  
**Address:** 2041 VISTA PARKWAY, LEVEL 2  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** EVTS  
**Name:** SCHNEIDER, JACK  
**Address:** 2041 VISTA PKWY, LEVEL 2  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** VP  
**Name:** COLLINS, BART  
**Address:** 2041 VISTA PKWY, LEVEL 2  
**City-St-Zip:** WEST PALM BEACH, FL 33411

I hereby 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

EVP

04/28/2011

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