1999

File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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FILING FEE	. 1
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\$.588.75	ı

Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000002074

FILED

99 NOV 10 AM 11: 35

SECRETARY OF STATE

PLAYER'S CHOICE PREMIUM 304 MONTEREY DRIVE NAPLES FL 34105	GOLF PRODUCTS, LLC	1a. Principal Place of Busines 304 MONTEREY NAPLES-FL 341	DRIVE	
Principal Place of Business 2a. Mailin	ng Address	3. Date Organized or Qualified	3a. State of Formation	
1001 N. Hrmstrong Blvd 1001 / Suite, Apt. #, etc. Suite, Apt.	V. Armstrong Blud.	10/01/1998	FL	
Unit B	Unit B	4. FEI Number	Applied For	
-City & State	116-	65-086659	-Not Applicable-	
Zip Country Zip	SSIMMLE FI.	5. Date of Last Report	6. Certificate of Status Desired	
34741 Osceda 34	741 Osceola		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered	Agent 8. f	Name and Address of New Reg	istered Agent/Office	
Name Name				
SWANSBURG, JOHN R 304 MONTEREY DRIVE 2712 Buok Hors (In Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34105 NO DECEMBENT LAW				
NAPLES FL 34105 Naples FL Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			WY/O	
City Zip Code			'	
		<u>FI</u>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the opinions.				
STGNATURE DATE 1/15/99				
(Degistered Agent Accepting Appointment) (N	OTF Registered Agent signature required when reinstating		ty, State and Zip Code	
10. Title Managing Members/Managers	Business Street Address		ry, State and Zip Code	
LACE CONTRACTOR TOWN	204 14017			
MGR SWANSBURG, JOHN R	304 MONTEREY DRIVE	NAPLE	S FL	
MGR CASON, Kenneth G.	1001 N. Hemstrong b	va units kissi	mmee, PL	
MGR Spielman, Rodney)	1001 N. Armstrong B	Ivd Unit B Kiss	mmes PL	
MGR Muniz, James	1001 N. Armstrong Bi 1001 N. Armstrong B 1001 N. Armstrong &	and units kissi	mnee, FZ	
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		500003 -12/1(*****)	0661354 0/3901008001 88.75 ****188.75	
11. I do hereby certify that the information supplied with this filing d	oes not qualify for the exemption stated in Se	ction 119.07(3) (i), Florida Statute	s. If unther certify that the information	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R (6/99)