

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 29 PM 4:15

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002440

BACK NINE MANAGEMENT, L.L.C.
900 S. OCEAN BLVD., #330
STUART FL 34994

1a. Principal Place of Business Address

900 S. OCEAN BLVD., #330
STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/26/1998

FL

4. FEI Number

☐ Applied For

City & State

City & State

65-0288872

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SCIARRETTE, STEVEN A
9300 GLADES ROAD, SUITE 302E
BOCA RATON FL 33431

Name

JOHN E BRITT

Street Address (P.O. Box Number is Not Acceptable)

900 E OCEAN BLVD # 330

Suite, Apt. #, etc.

STUART

City

FL

Zip Code

34994

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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE 2/24/99

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM BRITT, JOHN DR.

900 S. OCEAN BLVD., #330

STUART FL

900002868299--0
-05/07/99--01140--013
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SEPARATE MANAGING MEMBER MANAGER

Date

Document #