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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001805 1. Entity Name nn .iii 27 PM 3: 40 ELW GOLF GROUP ACQUISITION, L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3030 LBJ FREEWAY, SUITE 700 3030 LBJ FREEWAY, SUITE 700 DALLAS TX 75234-7703 DALLAS TX 75234-7703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. CR2E083 (5/00) Addition TITLE MGR TITLE ☐ Change Delete NAME NAME BENJAMIN, MICHAEL S STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE, SUITE 300 CITY-ST-ZIP NEDDHAM MA 02194 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE NAME NAME 3030 LBJ FRWT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition 300003342963----08/02/00--01003--006 NAME NAME STREET ADDRESS STREET ADDRESS ****100.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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

7-12-00 972-243-619
Date Daytime Phone #

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

SIGNATURE: