

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90166 012 ****50.00

DOCUMENT # L99000005779

1. Entity Name

DAYTONA GOLF, LLC

Principal Place of Business

2410 NW 49TH LANE
BOCA RATON FL 33481

Mailing Address

2410 NW 49TH LANE
BOCA RATON FL 33481

2. Principal Place of Business

900 N. FEDERAL HWY
Suite Apt. #, etc.
160

3. Mailing Address

900 N. FEDERAL HWY
Suite Apt. #, etc.
160

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

FLORIDA

Zip

33432

Country

FLORIDA

6. Name and Address of Current Registered Agent

WILLSON, THOMAS
1985 PARKSIDE CIRCLE SOUTH
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name ALAN GRASSANO
Street Address (P.O. Box Number is Not Acceptable)
C/O GRASSANO
900 N. FEDERAL HIGHWAY, SUITE 160
City BOCA RATON FL Zip Code 33432

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GRASSANO, ALAN R
STREET ADDRESS 2410 NW 49TH LANE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE MGR
NAME WILSON, THOMAS
STREET ADDRESS 1985 PARKSIDE CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900 N FEDERAL HIGHWAY, SUITE 160
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1738 SW CARIN PLACE
PALM CITY FL 33490

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

2/11/02

1-561-218 1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)