2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Mar 06, 2004 08:00 AM DOCUMENT # L99000002591 **Secretary of State** 1. Entity Name MONTEREY GOLF CLUB, L.L.C. Principal Place of Business Mailing Address 4500 MONTEREY DRIVE TAMARAC FL 33319 4500 MONTEREY DRIVE TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E083 (11/03) City & State City & State 4. FEi Number Applied For 65-0960129 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VITALE, STEVEN G Street Address (P.O. Box Number is Not Acceptable) 32 C S.E. OSCEOLA STREET STUART FL 34994 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Defete TITLE Change ☐ Addition U00000078942 NAME VITALE, PETERO NAME 03/08/04-80046-006 50.00 STREET ADDRESS 4500 MONTEREY DRIVE STREET ADDRESS CITY- ST- ZIP TAMARAC FL 33319 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED