

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007591		
1. Entity Name MONTEREY GOLF CLUB, L.L.C.		

Principal Place of Business 4500 MONTEREY DRIVE TAMARAC FL 33319	Mailing Address 4500 MONTEREY DRIVE TAMARAC FL 33319
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-0960129		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VITALE, STEVEN G 32 C S.E. OSCEOLA STREET STUART FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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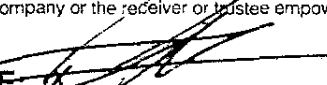
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VITALE, PETERO 4500 MONTEREY DRIVE TAMARAC FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000078942 03/08/04--80046-006 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **3/1/04**