


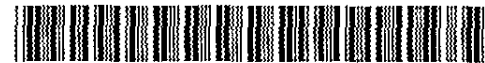
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008966</b>	
1. Entity Name LIQUIDGOLF VENTURE PARTNERS I, LLC	

Principal Place of Business 1900 S. HARBOR CITY BLVD. #315 MELBOURNE, FL 32901	Mailing Address 1900 S. HARBOR CITY BLVD. #315 MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, MICHAEL W  
1900 S. HARBOR CITY BLVD., SUITE 315  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

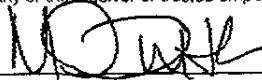
000000034759  
02/05/04-80096-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAWKINS, MICHAEL W 1900 S. HARBOR CITY BLVD., SUITE 315 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **MICHAEL W. Hawkins** **1/30/04** **3213080126**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #