


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 9:59

DOCUMENT # L99000009163 1. Entity Name COUNTRY CLUB OF WEST GEORGIA, L.C.	
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Principal Place of Business 7500 MONTICELLO DRIVE VILLA RICA, GA 30180	Mailing Address 1035 S SEMORAN BLVD SUITE 1012 WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3613044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KETTLE, TARY
1035 S SEMORAN BLVD #1012
WINTER PARK, FL 32792

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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 *[Signature]* Pres. Lt. Manager 4/1/05 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KETTLE, R. TARY 1035 S SEMORAN BLVD #1012 WINTER PARK, FL 32792
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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)(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]* 4/19/05 407-657-2640 DATE Daytime Phone #

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