2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0100000535

1. Entity Name

FORE GOLF PARTNERS, LLC



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

10688-C CRESTWOOD DRIVE MANASSAS, VA 20109

10688-C CRESTWOOD DRIVE MANASSAS, VA 20109



03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2015839

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K 18086 SOUTHEAST VILLAGE CIRCLE TEQUESTA, FL 33469

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NDTE. Registered Agent agnature required when reinstating) . DATE .	
Filing Fee is \$50.00 Due by May 1, 2007		000000724156 05/02/07-80098-021 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAPLES, CHARLES K 10688-C CRESTWOOD DRIVE MANASSAS, VA 20109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE