


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> M01000002480 <b>1. Entity Name</b> LAKEWOOD RANCH GOLF INVESTORS, LLC	
---	---

<b>Principal Place of Business</b> 6215 LORRAINE ROAD BRADENTON, FL 34202	<b>Mailing Address</b> 6215 LORRAINE ROAD BRADENTON, FL 34202
---	---



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 36-4476407	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CHIOFALO, ANTHONY J  
6215 LORRAINE ROAD  
BRADENTON, FL 34202

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

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

U000000042653  
02/10/04-80033-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR GARDNER, BOB 6215 LORRAINE ROAD BRADENTON, FL 34202
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL 34202
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR CLARKE, JOHN 6215 LORRAINE ROAD BRADENTON, FL 34202
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR DANAHY, TOM 6215 LORRAINE ROAD BRADENTON, FL 34202
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/04 941  
755 1637  
Date Daytime Phone #