


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M01000002480
 1. Entity Name
LAKEWOOD RANCH GOLF INVESTORS, LLC



Principal Place of Business Mailing Address
6215 LORRAINE ROAD **6215 LORRAINE ROAD**
BRADENTON, FL 34202 **BRADENTON, FL 34202**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
36-4476407 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CHIOFALO, ANTHONY J
6215 LORRAINE ROAD
BRADENTON, FL 34202

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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 reinstating) DATE _____

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

U000000042653
 02/10/04-80033-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, BOB 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARKE, JOHN 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANAHY, TOM 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:  **2/6/04** **941 755 1637**
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #