


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002480 1. Entity Name LAKEWOOD RANCH GOLF INVESTORS, LLC	
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Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202	Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202
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01272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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	

**DO NOT WRITE
IN THIS SPACE**

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02/11/06-80024-006 55.00

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: Anthony J Chiofalo Mgr 1/26/06 755 1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 245