

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001630

Entity Name: CME AT LA GORCE, L.L.C.

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5685 ALTON RD  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160  
PINEHURST, NC 28370

**New Mailing Address:**

FEI Number: 95-4896525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTELLO, DAN  
LA GORCE COUNTRY CLUB  
5685 ALTON RD.  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CADDLE MASTER ENTERP, RISES, INC.  
Address: PO BOX 160  
City-St-Zip: PINEHURST, NC 28370

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL A. GRANUZZO

CEO

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date