

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 044 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001630

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



Principal Place of Business
200 WESTGATE DR., HWY. 211 W, STE. B
PINEHURST, NC 28370

Mailing Address
200 WESTGATE DR., HWY. 211 W, STE. B
PINEHURST, NC 28370

2. Principal Place of Business
5685 Alton Road
Suite, Apt #, etc.

3. Mailing Address
PO Box 160
Suite, Apt #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Miami Beach, FL

Zip
33140

Country
USA

City & State
Pinehurst, NC

Zip
28370

Country
USA

4. FEI Number
95-4896525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caddie Master Enterprises, Inc. PO Box 160 Pinehurst, NC 28370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Michael A. Grange CEO OF
SIGNATURE: *Michael A. Grange* Managing Member 5-24-03 (910) 255-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)