

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

City & State
Pinehurst, NC

4. FEI Number
95-4896525

Applied For
Not Applicable

Zip
33140

Country
USA

Zip
28370

Country
USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)