2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PR

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT # M02000003118** 04-10-2007 90079 001 ****50.00 1. Entity Name FC GOLF, LLC Principal Place of Business Mailing Address 60034500 8156 FIDDLER'S CREEK PARKWAY 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114 NAPLES, FL 34114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Ant. #, etc. Suite, Apt # etc. 02272007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGG, K. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) C/O WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE 4900 MIAMI, FL 33131 City 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) Filing Fee is \$50.00 Make check payable to ... Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9., 10. ADDITIONS/CHANGES XX Change MGRM TITLE TITLE ☐ Delete □ Addition FIDDLER'S CREEK, LLC NAME NAME 8156 Fiddler's Creek Parkway 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS Naples, FL 34114 CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Livio Parisi, Authorized Representantive

4/3/07

(239) 732-9400

Daytime Phone #

FILED