

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000000514

FILED
Nov 01, 2004
Secretary of State

Entity Name: ALUMNI & FANS GOLF ASSOCIATION, L.L.C.

Current Principal Place of Business:

7649 COMMERCE CENTER DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

2145 HAWKCREST DR E
JACKSONVILLE, FL 32259

Current Mailing Address:

7649 COMMERCE CENTER DRIVE
ORLANDO, FL 32819

New Mailing Address:

2145 HAWKCREST DR E
JACKSONVILLE, FL 32259

FEI Number: 68-0516782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEARY, MICHAEL J
7649 COMMERCE CENTER DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MATHIS, DONALD C
2145 HAWKCREST DR E
JACKSONVILLE, FL 32259 US

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: DONALD MATHIS

11/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MATHIS, DONALD C
Address: 7649 COMMERCE CENTER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: MORRISETT, MICHAEL R
Address: 4815 S. HARVARD, STE. 505
City-St-Zip: TULSA, OK 74135

Title: MGRM () Delete
Name: SKOLNICK, JAY
Address: 7649 COMMERCE CENTER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: LEARY, MICHAEL J
Address: 7649 COMMERCE CENTER DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEARY, MICHAEL
Address: 2145 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: MORRISETT, MICHAEL R
Address: 2145 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: SKOLNICK, JAY
Address: 2145 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: LEARY, MICHAEL J
Address: 2145 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

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: DONALD MATHIS

CEO

11/01/2004

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