FILED Aug 17, 2007 08:00 A Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M0300000735 1. Entity Name GOLF FOR LIFE, LLC					
Principal Plac 501 PARK A' WINTER PAR		Mailing Address 927 N. PENNSYLVANIA AVE WINTER PARK, FL 32789			CR2E083 (11/05)
				08092007 No Chg-LLC 4. FEI Number	Applied For
				56-2332610 5. Certificate of Status Desired	Not Applicable
	6. Name and Address of Current Re NDREAS NNSYLVANIA AVE PARK, FL 32789	gistered 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 trite if applicable (NOTE: Registered Agent signature (equired when re-matating) DATE					
Filing Fee is \$50.00 Due by September 14, 2007					
9.	MANAGING MEMBER	S/MANAGERS]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STULZ, ANDREAS 1780 VIA PALERMO WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U000 08/17/0	00772281 7-80007-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-71P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the Information supplied with this filling 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.					