

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003889

FILED
Apr 18, 2005
Secretary of State

Entity Name: EDWIN WATTS GOLF SHOPS, LLC

Current Principal Place of Business:

20 HILL AVE., N.W.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

20 HILL AVE., N.W.
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-0415356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, JAMES R
20 HILL AVE., N.W.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EDWIN WATTS HOLDING, CO
Address: 20 HILL AVE., N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATTS, THOMAS E MR
Address: 20 HILL AVE., N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM () Change (X) Addition
Name: WATTS, JAMES R MR
Address: 20 HILL AVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: MGRM () Change (X) Addition
Name: TENER, JAMES R MR
Address: 8605 JOHN CARPENTER FWY
City-St-Zip: DALLAS, TX 75247 US

Title: MGRM () Change (X) Addition
Name: FORTIN, JASON B MR.
Address: 390 PARK AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: MGRM () Change (X) Addition
Name: FELDMAN, GREG MR
Address: 390 PARK AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: MGRM () Change (X) Addition
Name: O'TOOLE, MATTHEW H MR
Address: 3500 DE MEISONNEUVE BLVD WEST STE 800
City-St-Zip: WESTMOUNT QUEBEC CANADA, QB H3Z3C1

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: THOMAS EDWIN WATTS

MR

04/18/2005

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