

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003889

FILED
Mar 25, 2009
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:

LENDERMAN, DAVID MR
20 HILL AVE., N.W.
FORT WALTON BEACH, FL 32548 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: DAVID LENDERMAN

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: WATTS, JOHN MR
Address: 20 HILL AVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: MGRM () Delete
Name: KESSLER, SVEN MR
Address: 20 HILL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM () Delete
Name: MICHAEL, CUNNINGHAM MR.
Address: 20 HILL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM (X) Delete
Name: WATSON, JOHN X MR
Address: 20 HILL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BARR, LYNDIA K MS
Address: 20 HILL AVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LENDERMAN, DAVID MR.
Address: 20 HILL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID LENDERMAN

MR

03/25/2009

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