

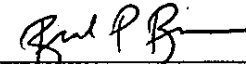


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90181 034 ****50.00

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|---|--|---|---|---|--|
| DOCUMENT # M04000000857 1. Entity Name BRAD BREWER GOLF ACADEMY, LLC | | | |  | |
| Principal Place of Business 5728 BAYSIDE DRIVE ORLANDO, FL 32819 | | | Mailing Address 5728 BAYSIDE DRIVE ORLANDO, FL 32819 | | |
| 2. Principal Place of Business 9939 Universal Blvd Suite, Apt. #, etc. | | 3. Mailing Address 9939 Universal Blvd Suite, Apt. #, etc. | | | |
| City & State Orlando FL | | City & State Orlando FL | | 4. FEI Number 57-1198485 | |
| Zip 32819 | | Country Orange | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BREWER, BRADLEY P 5728 BAYSIDE DRIVE ORLANDO, FL 32819 | | | 7. Name and Address of New Registered Agent Name Brewer, Bradley P Street Address (P.O. Box Number is Not Acceptable) 9939 Universal Blvd City Orlando FL Zip Code 32819 | | |
| 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  DATE 2/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREWER, BRADLEY P 5728 BAYSIDE DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Brewer, Brad P 9939 Universal Blvd. Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Date 2/8/05 Daytime Phone # 407.996-3306 | | |