

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000002036

1. Entity Name
CFC GOLF VENTURES LLC



Principal Place of Business
**8480 EAST ORCHARD ROAD, SUITE 6200
GREENWOOD VILLAGE, CO 80111-5029**

Mailing Address
**6300 PASADENA POINT BLVD., SO.
GULFPORT, FL 33707 US**



04122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1157171	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEYER, JOSEPH B
12971 FARMINGTON TRAIL
SEMINOLE, FL 33776**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000729294
05/08/07-80035-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAIRWAY HOLDINGS LIMITED LIABILITY COMPANY 475 17TH STREET, SUITE 1390 DENVER, CO 80202
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MDXA DEVELOPMENT LLC 8480 EAST ORCHARD ROAD, SUITE 6200 GREENWOOD VILLAGE, CO 801115029
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEGACY GOLF GROUP, LLC 171 S. JASMINE STREET DENVER, CO 80224
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____

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

Date

Daytime Phone #