

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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**



02152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1157171**

Applied For  
Not Applicable

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000912000  
05/07/08-80062-008 693.75

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MDXA DEVELOPMENT LLC  
8480 EAST ORCHARD ROAD, SUITE 6200  
GREENWOOD VILLAGE, CO 801115029**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
LEGACY GOLF GROUP, LLC  
171 S. JASMINE STREET  
DENVER, CO 80224**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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 # \_\_\_\_\_