2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# M04000005340

Entity Name: FLORIDA GOLF MANAGEMENT L.L.C.

Current Principal Place of Business:

501 E CAMINO REAL
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

501 E CAMINO REAL
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0793088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BRE/BATON II MEZZ L., L.C.	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	MGRM	( ) Delete
Name:	SUMERS, GARY M	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	MGRM	( ) Delete
Name:	GRAY, JONATHAN D	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	MGRM	( ) Delete
Name:	STEIN, WILLIAM J	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. STEIN MGRM 05/01/2006

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