# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2010**
**Secretary of State**

DOCUMENT# M07000002489

**Entity Name:** CABOT GOLF CL-PP 11 LLC

**Current Principal Place of Business:**

C/O NATIONAL CORPORATE RESEARCH, LTD.
615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NATIONAL CORPORATE RESEARCH, LTD.
615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: NORMAN, FRANK A., TRUSTEE
Address: 3920 15TH AVENUE SOUTH
City-St-Zip: GREAT FALLS, MT 59405

Title: MGRM
Name: NORMAN, ROSS A TRUSTEE
Address: 3920 15TH AVENUE SOUTH
City-St-Zip: GREAT FALLS, MT 59405

Title: MGRM
Name: NORMAN, ROSS A TRUSTEE
Address: 21 10TH STREET SOUTH
City-St-Zip: GREAT FALLS, MT 59401

I hereby 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 Statues.

SIGNATURE: TIMOTHY KROLL MGRM 04/06/2010

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