


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAY -5 AM 7:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M95000000297 PENSACOLA PRO-HOST VENTURE, LLC 2101 SARDIS ROAD N SUITE 203 CHARLOTTE NC 28227		1a. Principal Place of Business Address 605 E GREGORY DBA DAMON'S CLUBHOUSE PENSACOLA FL 32501	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business 605 Gregory St. <small>Suite, Apt. #, etc.</small>		2a. Mailing Address <small>Suite, Apt. #, etc.</small>	
City & State Pensacola, Fla. <small>Zip</small> 32501		City & State <small>Zip</small>	
3. Date Organized or Qualified 10/10/1995		3a. State of Formation NC	
4. FEI Number 56-1925565		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/22/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required	
7. Name and Address of Current Registered Agent COLBERT, RICHARD M ESQ. C/O CLARK, PARTINTON, ET AL 125 WEST ROMANA STREET, SUITE 800 PENSACOLA FL 32591		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		800002176498-2 -05/13/97--01061--021 ****203.75 ****203.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TROUTMAN, WILLIAM B	4319 LINKS DRIVE	CHARLOTTE NC
MGRM	PHILLIPS, GARY	207 RIVERVIEW TERRACE	LAKE WYLIE SC
MGRM	TROUTMAN, WILLIAM S	9327 CAMBERWELL ROAD	CHARLOTTE NC
MGRM	BAUCOM, TIM	1912 Catamaran Dr.	Navarre, Fl 32566
MGRM	TROUTMAN, ROBERT C	1687 HIGHWAY 98 WEST, UNIT MARY ESTHER FL	
MGRM	Troutman, William H	2712 STOKELY COURT	COLUMBUS OH
		4220 Montibello Dr.	Charlotte, N.C.
SEE CHANGES		JB5-9-97	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		1-23-97	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	