
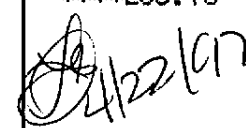
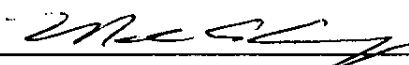


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 21 PM 2: 26 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 GATHRIGHT GOLF, L.L.C. ATTN: PAT MCSPADDEN, DDS P.O. BOX 572106 HOUSTON TX 77257-2106		DOCUMENT # M96000000136 1a. Principal Place of Business Address ATTN: PAT MCSPADDEN, DDS P.O. BOX 572106 HOUSTON TX 77257			
<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 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/19/1996 4. FEI Number 76-0480362 5. Date of Last Report	
				3a. State of Formation TX <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent AVERY, MARK A 2600 SPORTSPLEX DRIVE CORAL SPRINGS FL 33065			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>		
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	
MGR	AVERY, MARK A	2610 SPORTSPLEX BLVD.		CORAL SPRINGS FL	
MGRM	GATHRIGHT, BRYAN	P.O. BOX 1769 N.A. 16641 LA CANTERA PKWY.		CONROE TX SAN ANTONIO, TX 78256	
MGRM	MCSPADDEN, PATRICK B D	5840 VALLEY FORGE 8852 MERLIN CT		HOUSTON TX HOUSTON, TX 77055-4728	
8000002152388--3 -04/23/97--01092--023 ****203.75 ****203.75  4/1/97 (954) 346-8108					
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:  MARK A. AVERY 4/1/97 (954) 346-8108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					