

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 10 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000144**

WALTER T. MORGAN GOLF ENTERPRISES, LLC
136 GOVERNORS ROAD
PONTE VEDRA BEACH FL 32082

1a. Principal Place of Business Address
136 GOVERNORS ROAD
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/20/1997	NC
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	56-1952090	5. Date of Last Report
7. Name and Address of Current Registered Agent				6. Certificate of Status Desired	
BARTLETT, BARON L P.A. 50 HIGHWAY A1A, SUITE 103 PONTE VEDRA BEACH FL 32082				8. Name and Address of New Registered Agent/Office	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
City		Zip Code		<input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
BARTLETT, BARON L P.A. 50 HIGHWAY A1A, SUITE 103 PONTE VEDRA BEACH FL 32082				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MORGAN, GERALDINE T	136 GOVERNORS ROAD	PONTE VEDRA BEACH FL
MBR	MORGAN, GERALDINE T	136 GOVERNORS ROAD	PONTE VEDRA BEACH FL
MBR	MORGAN, WALTER T	136 GOVERNORS ROAD	PONTE VEDRA BEACH FL

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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: *Geraldine T. Morgan*, Geraldine T. Morgan 4-8-98- (904) 280-2116