


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M97000000412</b>  <b>ARNOLD PALMER GOLF MANAGEMENT LLC</b> <b>6751 FORUM DR, SUITE 200</b> <b>ORLANDO FL 32821</b>		1a. Principal Place of Business Address  <b>6751 FORUM DR, SUITE 200</b> <b>ORLANDO FL 32821</b>  <i>mtm 5/5</i>	
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 <b>07/03/1997</b>  4. FEI Number <b>75-2679725</b>  5. Date of Last Report <b>04/23/1998</b>	3a. State of Formation <b>DE</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>
7. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE , COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Filing Change)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NANULA, PETER J	6751 FORUM DR, SUITE 200	ORLANDO FL
<del>MGRM</del>	<del>JONES, DARYL D</del>	<del>6751 FORUM DR, SUITE 200</del>	<del>ORLANDO FL</del>
MGRM	HALL, HAL R	200 CRESCENT COURT, SUITE	DALLAS TX
MGRM	SMITH, TIMOTHY B	200 CRESCENT COURT, SUITE	DALLAS TX

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: \_\_\_\_\_

SIGNATURE: ADD TYPE OR PRINTED NAME OF SIGNING MANAGER OR MEMBER TO MANAGER

File

Display Form #

407-926-2500