

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

04 APR 21 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000412

1. Entity Name

ARNOLD PALMER GOLF MANAGEMENT LLC



Principal Place of Business

6751 FORUM DR, SUITE 200
ORLANDO FL 32821

Mailing Address

5080 SPECTRUM DRIVE, SUITE 1050-E
ADDISON TX 75001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2679725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME HOYL, RON J
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1050-E
CITY-ST-ZIP ADDISON TX 75001

TITLE MGR ☐ Change ☒ Addition
NAME Stoner, Carla R
STREET ADDRESS 5080 Spectrum Drive, Suite 1000 E
CITY-ST-ZIP Addison, Texas 75001

TITLE MGRM ☒ Delete
NAME TIERNEY, TIMOTHY J
STREET ADDRESS 6751 FORUM DR, SUITE 200
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Change ☐ Addition
NAME **800034409578**
STREET ADDRESS **04/28/04--01028--013 **50.00**
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SMITH, TIMOTHY B
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1050-E
CITY-ST-ZIP ADDISON TX 75001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME DENIGER, DAVID B
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1050-E
CITY-ST-ZIP ADDISON TX 75001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BARTLING, JOHN B
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1050-E
CITY-ST-ZIP ADDISON TX 75001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-29-04

Date

972-980-2200

Daytime Phone #