

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED**  
05 APR 21 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04072005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STONER, CARLA R  
5080 SPECTRUM DRIVE, SUITE 1050-E  
ADDISON, TX 75001

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900054111209  
05/09/05--01070--003 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-11-05

Date

972-419-1400

Daytime Phone #

Robin K. Minick, Vice President