#### "2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # M9700000412

1. Entity Name

ARNOLD PALMER GOLF MANAGEMENT LLC

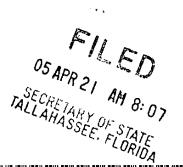


Principal Place of Business

6751 FORUM DR, SUITE 200 ORLANDO, FL 32821

Mailing Address

5080 SPECTRUM DRIVE, SUITE 1050-E ADDISON, TX 75001





## DO NOT WRITE IN THIS SPACE

04072005 No Chg-LLC

CR2E083 (10/03)

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	MGRM	
NAME	STONER, CARLA R	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 1050-E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	MGRM	
NAME	SMITH, TIMOTHY B	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 1050-E	
City-ST-ZIP	ADDISON, TX 75001	
TITLE	MGRM	
NAME	DENIGER, DAVID B	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 1050-E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	MGRM	
NAME	BARTLING, JOHN B	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 1050-E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900054111209 05/03/05--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 trusted expression of 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 trusted expression of 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 trusted expression of the limited liability company or the receiver or trusted expression.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Vice President

4-11-05

972-419-1400

\_\_\_\_

Daytime Phone #