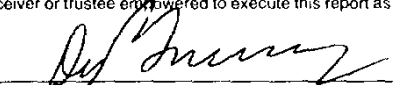


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 TROON GOLF, L.L.C. 16100 N. GREENWAY HAYDEN LOOP SUITE 200 SCOTTSDALE AZ 85260		DOCUMENT # M97000000596	
2. Principal Place of Business Suite, Apt #, etc. City & State Zip		2a. Mailing Address Suite, Apt #, etc. City & State Zip	
3. Date Organized or Qualified 09/15/1997		3a. State of Formation DE	
4. FEI Number 86-0832529 APPLIED FOR		☐ Applied For ☐ Not Applicable	
5. Date of Last Report 05/04/1998		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) 1100002827291 - 1 Suite, Apt. #, etc. - 04/20/98 - 01/08 - 010 ***377.50 ***188.75 City FL 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (Not for Registered Agent signature required when re-statuting)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STARWOOD CAPITAL GRO,	3 PICKWICK PLAZA, #250	GREENWICH CT 06830
MGRM	GARMANY, DANA	16100 N. GREENWAY-HAYDEN 8711 EAST PINNACLE PARK RD LOOP, SUITE 200	SCOTTSDALE AZ 85260
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: 		2-22-99 602-606-1000	
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER)		Date	
DANA R. GARMANY			