# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000596

1. Entity Name

TROON GOLF, L.L.C.

FILED

00 JAN 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 16100 N. GREENWAY HAYDEN LOOP<br>SUITE 200<br>SCOTTSDALE AZ 85260 | 16100 N. GREENWAY HAYDEN LOOP<br>SUITE 200<br>SCOTTSDALE AZ 85260-1789 |

DO NOT WRITE IN THIS SPACE

| 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 86-0832529 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

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.

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 Department of State**

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STARWOOD CAPITAL GROUP LLC<br>3 PICKWICK PLAZA, #250<br>GREENWICH CT 06830<br>☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STARWOOD GOLF, L.L.C.<br>591 W. PUTNAM AVE.<br>GREENWICH, CT 06830<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GARMANY, DANA<br>16100 N GREENWAY-HAYDEN LOOP, SUITE 200<br>SCOTTSDALE AZ 85255<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WXI/TRO, L.L.C.<br>19TH FL 85 BROAD ST.<br>NEW YORK, NY 10004<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300003117953--1<br>-02/01/00--01052--005<br>*****50.00 *****50.00<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 REQUIRED — 1-6-00 — 480-606-1[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

DANA R. GARMANY