

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90051 007 ****50.00

DOCUMENT # M97000000596

1. Entity Name
TROON GOLF, L.L.C.



Principal Place of Business
15044 N SCOTTSDALE RD., STE 300
SCOTTSDALE, AZ 85254

Mailing Address
15044 N SCOTTSDALE RD., STE 300
SCOTTSDALE, AZ 85254



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTNAM GOLF, L.L.C. 591 W. PUTNAM AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARMANY, DANA 15044 B, SCOTTSDALE RD., #300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WX1/TRO, L.L.C. 19TH FL., 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

TIMOTHY S. SCHANTZ

1-27-04

Date

480-606-1000

Daytime Phone #