2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M97000000596

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

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

DO NOT WRITE IN THIS SPACE

03302007 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

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04/20/07-80137-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ TIMOTHY S. SCHANTZ 4-2-07 480-606-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

EVP