


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

4/29  
**FILED**  
98 APR 27 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000844**

PREFERRED GOLF CLUB SOLUTIONS LLC  
4 CENTENNIAL DRIVE  
PEABODY MA 01960

1a. Principal Place of Business Address

4 CENTENNIAL DRIVE  
PEABODY MA 01960

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/1997	DE
City & State		City & State		4. FEI Number 04-3400663	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE, SUITE 200 TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable) 400002512104
	Suite, Apt. #, etc. -05/05/98--01135--025 ****188.75 ****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.

N/A

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(The signed Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RYAN, THOMAS F	4 CENTENNIAL DRIVE	PEABODY MA
MGRM	HARVEY, PHILIP J	2 FLYWAY DRIVE	NEWTOWN SQUARE PA
<del>MGR</del>	<del>WELLMAN, JOHN G JR.</del>	<del>4 CENTENNIAL DRIVE</del>	<del>PEABODY MA</del>
MGR	HARVEY, TARA	2 FLYWAY DRIVE	NEWTOWN SQUARE PA
MGR	KELLY, EDWARD P., JR.	4 CENTENNIAL DRIVE	PEABODY, MA 01960

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: Edward P. Kelly Jr. Edward P. Kelly, Jr., Manager (978) 538-1726(4/13/98)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #