FILED File on or before May 1, 1999 or Limited Liability Company will be sybject to a \$ 400.00 LATE FEE. 99 MAR 22 PN 12: 06 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris SLOW AND SAME ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M98000000613** 1a. Principal Place of Business Address TROON LEGACY LLC C/O TROON GOLF, L.L.C. C/O TROON GOLF, L.L.C. 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 16100 NORTH GREENWAY HAYDEN SCOTTSDALE AZ 85260 SCOTTSDALE AZ 85260 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/11/1998 \mathbf{DE} Suite, Apt. #, etc. Suite Ant. #. etc. 4. EEI Number 86-0920075 APPLIED FOR Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıρ Country Country N/A \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable PLANTATION FL 33324 Suite Apt # etc. Zip Code City 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. Therefore appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when revisit ting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code LEGACY, INC. 16100 NORTH GREENWAY HAYDE SCOTTSDALE AZ 85260 TROON GOLF, L.L.C. MGRM \$30 0.002827283---9 -04/01/99--01109--018 *****188.75 11. Ido 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 to stee emprowered 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:

STRATURE AND TYPE DORPHLITE O NAME OF SIGNING MANAGING MEMBERGHMANAGER
DANA R. GARMANY, PRESIDENT

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