## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000613

1. Entity Name TROON LEGACY LLC



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

15044 N SCOTTSDALE RD., STE 300

SCOTTSDALE, AZ 85254

Mailing Address

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



04152008 No Chg-LLC

CR2E083 (12/07)

	\$5.0
86-0920075	
I. FEI Number	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	enamed entity submits this statement for the purpose of chan tions of registered agent.	ging its registered	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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 \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROON LEGACY, INC. 15044 SCOTTSDALE RD STE.300 SCOTTSDALE, AZ 85254			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000921324 OS/15/03-80002-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

TIMETHY S. SCHANTZ

4-18-08

480-606-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAI ASING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #