


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # M98000000695</b>  <b>KOLLSTAR ROLLING GREEN GOLF CLUB LLC</b> <b>4343 VON KARMAN AVENUE</b> <b>NEWPORT BEACH CA 92660</b>
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FILED  
 99 MAY -5 PM 3:17  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business <i>As above</i> Suite, Apt. #, etc.  City & State  Zip      Country	2a. Mailing Address <i>As above</i> Suite, Apt. #, etc.  City & State  Zip      Country
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1a. Principal Place of Business Address  <b>4343 VON KARMAN AVENUE</b> <b>NEWPORT BEACH CA 92660</b>	
3. Date Organized or Qualified <b>06/29/1998</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>33-0811550</b> <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>N/A</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>NATIONSCORP REGISTERED AGENTS, INC.</b> <b>526 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (FEE: Registered Agent Signature and Extension Stamp)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KOLLSTAR GOLF LLC,	4343 VON KARMAN AVENUE	NEWPORT BEACH CA

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: *Nancy E. [Signature]* 4/29/99 (949) 833-3030  
SIGNATURE AND TYPE OF OFFICIAL MUST BE SUBMITTED WITH THIS FILING