


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90193 019 ***150.00

DOCUMENT # P96000004400

1. Entity Name
FLORIDIAN GOLF CLUB CO.



Principal Place of Business Mailing Address

450 E. LAS OLAS BLVD 450 E. LAS OLAS BLVD
 STE 1500 STE 1500
 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

60033908



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

65-0733701 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 777 SO. FLAGLER DRIVE STE 500E
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Service U.S.A., Inc
 450 E. Las Olas Blvd.
 Suite 1500
 Ft. Lauderdale, FL 33301

L Zip Code

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: *Cris V Brandon, VP* DATE: 4/16/08

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUIZENGA, H.WAYNE JR	
STREET ADDRESS	450 E. LAS OLAS BLVD., 15 FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRANDEN, CRIS V	
STREET ADDRESS	450 E. LAS OLAS BLVD., 15TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD, 15TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cris V Brandon* DATE: 4/16/08 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #