


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 006 ***150.00

DOCUMENT # P97000025121

1. Entity Name
N.L GOLF PROPERTIES, INC.



Principal Place of Business 2200 NORTH COMMERCE PARKWAY SUITE 206 WESTON, FL 33326 US	Mailing Address 2200 NORTH COMMERCE PARKWAY SUITE 206 WESTON, FL 33326 US
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24070932



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0742086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLITZMAN, LAWRENCE S
2200 NORTH COMMERCE PARKWAY
SUITE 206
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLITZMAN, LAWRENCE S 2200 N COMMERCE PKWY SUITE 206 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GARS, IRWIN S 3225 AVIATION AVENUE STE700 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEISCHER, LAWRENCE 14 WILLOW LANE KINGS PARK, NY 11759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATKIND, LEON 2200 S OCEAN DR #2110 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: _____ *[Signature]* _____ *[Signature]* _____ *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #