

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00656

FILED  
May 25, 2006  
Secretary of State

**Entity Name:** NICKLAUS GOLF EQUIPMENT COMPANY, L.C.

**Current Principal Place of Business:**

7830 BYRON DR.  
STE. #7  
WEST PALM BEACH, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

7830 BYRON DR.  
STE. #7  
WEST PALM BEACH, FL 33404 US

**New Mailing Address:**

**FEI Number:** 65-0356669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOUBLEDAY, NELSON  
Address: 84 GOMEZ DR.  
City-St-Zip: HOBE SOUND, FL

Title: MGR ( ) Delete  
Name: CUMMINS, RICHARD  
Address: 1301 AVE. OF THE AMERICA  
City-St-Zip: NEW YORK, NY

Title: MGR ( ) Delete  
Name: KELLY, ROBERT  
Address: 245 ESSEX LANE  
City-St-Zip: W. PALM BEACH, FL

Title: MGR ( ) Delete  
Name: NICKLAUS, STEVEN C  
Address: 11780 US HWY ONE  
City-St-Zip: N. PALM BEACH, FL

Title: MGR ( ) Delete  
Name: NICKLAUS, JACK W  
Address: 11780 US HWY ONE, #400  
City-St-Zip: N. PALM BEACH, FL

Title: MGR ( ) Delete  
Name: NICKLAUS, JACK W II  
Address: 11780 US HWY ONE, #400  
City-St-Zip: N. PALM BEACH, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT P. KELLY

MGR

05/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date