

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00656

FILED  
Apr 27, 2007  
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 ( )**

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S. HIGHWAY ONE  
THIRD FLOOR  
NORTH PALM BEACH, FL 33408 US

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

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: SEVERSON, THOMAS E JR.  
Address: 11780 U.S. HIGHWAY ONE, SUITE 500  
City-St-Zip: NORTH PALM BEACH, FL 33408

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, SUITE 500  
City-St-Zip: N. PALM BEACH, FL

Title: MGR ( ) Delete  
Name: NICKLAUS, JACK W  
Address: 11780 US HWY ONE, SUITE 500  
City-St-Zip: N. PALM BEACH, FL

Title: MGR ( ) Delete  
Name: NICKLAUS, JACK W II  
Address: 11780 US HWY ONE, SUITE 500  
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 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

04/27/2007

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