

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006107

**FILED
Apr 07, 2015
Secretary of State
CC0765198619**

Entity Name: CLP FOSSIL CREEK GOLF, LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVE
ORLANDO, FL 32801-3336

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 20-5807569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 SOUTH ORANGE AVE
ORLANDO, FL 32801-3336 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

Authorized Person(s) Detail :

Title MGR
Name JOHNSON, JOSEPH T
Address 450 SOUTH ORANGE AVE
City-State-Zip: ORLANDO FL 32801-3336

Title MGR
Name GREER, HOLLY
Address 450 SOUTH ORANGE AVE
City-State-Zip: ORLANDO FL 32801-3336

Title MGR
Name MAULDIN, STEPHEN H
Address 450 SOUTH ORANGE AVE
City-State-Zip: ORLANDO FL 32801-3336

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY J. GREER

MANAGER

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date