

No. <b>W 49054</b>		<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NICKLAUS GOLF CENTERS LLC SCOTT ADCOCK 842 E WINDING CREEK DR EAGLE ID 83616		SCOTT ADCOCK 842 E WINDING CREEK DR EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name THOMAS STEVENSON	Street or PO Address 2813 DOWNING ST		City FLOWER MOUND	State TX	Country USA	Postal Code 75028
5. Organized Under the Laws of:  <b>FL W 49054</b>		6. Annual Report must be signed.*  Signature: Tom Stevenson Name (type or print): Tom Stevenson  Date: 03/14/2011 Title: Member					
Processed 03/14/2011      * Electronically provided signatures are accepted as original signatures.							