

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

ovidence, RI 02904-2615 ______401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact	Exact name of the limited liability company						
139091	EW G	Gardner Golf Cars, LLC						
3. State of Formation RHODE ISLAND)		on of the character of the IR OF GOLF CARS	business which is actually conducted in Rho	de Island			
5. Principal office ada	ress	<u> </u>		City	State	Zip		
247 NOOSENECK HILL ROAD				EXETER	RI	02882		
6. MAILING ADD Contact Name	RESS OF I	IMITED LIA B I	LITY COMPANY AN	ND NAME OR TITLE OF CONTACT Contact Title	PERSON:			
ERMA GARDNI	ER			MEMBER				
Street Address			City	State	Zip			
580 DRY BRIDGE ROAD				NORTH KINGSTO	WN RI	02852		
7. NAME AND AI Manager Name	ODRESS OF			ED LIABILITY COMPANY, IF APP SING ATTACHMENTS ("X" BOX FO Manager Name	LICABLE - <u>DO NO</u> OR ATTACHMENT)	OT LIST MEMBERS		
Street Address				Street Address	Street Address			
City		State	Zip	City	State	Zip		
Manager Name	************			Manager Name	••••••••			
Street Address				Street Address	Street Address			
City		State	Zip	City	State	Zip		
8. RESIDENT AG Agent Name SANFORD J. RESI		ODE ISLAND	- DO NOT ALTER -	Changes require filing of Form Address SUMMIT WEST	642 - R.I.G.L. 7-16	·-11		
Address 300 CENTERVILLE ROAD, SUITE 300				City WARWICK		7.1p 02886-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date _	FILED
Check No.	OCT 02 2007
Ву:	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Esma Sardner 9270

ERMA GARDNER

Print or Type Name of Authorized Person