


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90115 029 \*\*\*\*50.00

<b>DOCUMENT # L03000030874</b>	
1. Entity Name SOCCER TRAINING ACADEMY OF FLORIDA, LLC	


Principal Place of Business 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478	Mailing Address 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478
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2. Principal Place of Business 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER, FL 33458	3. Mailing Address 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER, FL 33458	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State JUPITER, FL	City & State JUPITER, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
Country USA	Country USA		

6. Name and Address of Current Registered Agent ROSE, PHILIP 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, PHILIP		NAME	
STREET ADDRESS 10152 W. INDIANTOWN RD, SUITE 219		STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33478		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Feb 9 2004 561743 1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #