

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90188 023 \*\*\*\*50.00

DOCUMENT # *L 000000 14658*

1. Entity Name

*DEER CREEK TENNIS RESORT, LLC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2950 DEER CREEK COUNTRY*

Suite, Apt. #, etc.

*CLUB BLVD*

3. Mailing Address

*2950 DEER CREEK COUNTRY*

Suite, Apt. #, etc.

*CLUB BLVD*

City & State

*DEERFIELD BEACH FL*

Zip

*33442*

Country

*USA*

City & State

*DEERFIELD BEACH FL*

Zip

*33442*

Country

*USA*

4. FEI Number

*65-1118111*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*JANSSEN, HELMUT*

Street Address (P.O. Box Number is Not Acceptable)

*2950 DEER CREEK COUNTRY CLUB BLVD*

City

*DEERFIELD BEACH*

**FL**

Zip Code

*33442*

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE *MGRY*  
NAME *JANSSEN, HELMUT*  
STREET ADDRESS *2950 DEER CREEK COUNTRY CLUB BLVD*  
CITY-ST-ZIP *DEERFIELD BEACH FL. 33442*

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)