LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2005 8:00 am
Secretary of State
06-13-2005 90320 021 ****50.00

DOCUMENT # L00000014658

1. Entity Name
DEER CREEK TENNIS RESORT, LLC

20060080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2950 DEER CREEK COUNTRY CLUB BLVD	2950 DEER CREEK COUNTRY CLUB BLVD
City & State: DEERFIELD BEACH FL	City & State: DEERFIELD BEACH FL
Zip: 33442 Country: USA	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

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

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

CR2E083B (12/02)

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