

2009
2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

DOCUMENT # L00000014658

1. Entity Name
DEER CREEK TENNIS RESORT, LLC



2009 MAY 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2950 DEER CREEK COUNTRY CLUB BLVD.
DEERFIELD BEACH, FL 33442

Mailing Address
2950 DEER CREEK COUNTRY CLUB BLVD.
DEERFIELD BEACH, FL 33442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
65-1118111

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANSSEN, HELMUT
2950 DEER CREEK COUNTRY CLUB BLVD
DEERFIELD BEACH, FL 33442

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$60.00
Due by May 1, 2009

138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
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CITY- ST- ZIP
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05/12/09--01002--010 **143.75

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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

HELMUT JANSSEN

3/20/09

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

Date

Office Use