

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90021 040 ***138.75

DOCUMENT # L02000003742 1. Entity Name ON THE RISE TENNIS, LLC					
Principal Place of Business 6485 AUTUMN WOODS BLVD. NAPLES, FL 34109			Mailing Address 6485 AUTUMN WOODS BLVD. NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0726381	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KEELEY, PETER L ESQ. C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name DOUG SMALL Street Address (P.O. Box Number is Not Acceptable) 6485 AUTUMN WOODS BLVD NAPLES FL 34109 City FL Zip Code 34109		
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 4/29/08 (NOTE: Registered Agent signature is required when withdrawing)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		State check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALL, DOUGLAS P 6485 AUTUMN WOODS BLVD. NAPLES, FL 34109	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:				DATE: 4/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					