

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008468

FILED
Jan 10, 2005
Secretary of State

Entity Name: JUPITER TENNIS SERVICES, LLC

Current Principal Place of Business:

10199 TRAILWOOD CIRCLE
JUPITER, FL 33478

New Principal Place of Business:

1605 US HWY 1
TENNIS CENTER
JUPITER, FL 33477

Current Mailing Address:

10199 TRAILWOOD CIRCLE
JUPITER, FL 33478

New Mailing Address:

1605 US HWY 1
TENNIS CENTER
JUPITER, FL 33477

FEI Number: 01-0678865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MARK
10199 TRAILWOOD CIRCLE
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

MITCHELL, MARK
1605 US HWY 1
TENNIS CENTER
JUPITER, FL 33477 US

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.

SIGNATURE:

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WAIDELICH, RICHARD
Address: 1001 SEAFARER CIRCLE APARTMENT 404
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: MITCHELL, MARK
Address: 10199 TRAILWOOD CIRCLE
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MITCHELL, MARK
Address: 1605 US HWY 1, S-9E
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK MITCHELL

MEM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date