

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022899

FILED
Sep 10, 2004
Secretary of State

Entity Name: ADAMS INTERNATIONAL TENNIS ACADEMY, LLC

Current Principal Place of Business:

16779 GOLF VIEW DR.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16779 GOLF VIEW DR.
WESTON, FL 33326

New Mailing Address:

FEI Number: 14-1845078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, VICTOR
82 GABLES BLVD
WESTON, FL 33326

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ADAMS, WILLIAMS
Address: 16779 GOLF VIEW DR.
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: ADAMS, CAROL
Address: 16779 GOLF VIEW DR.
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: WRIGHT, VICTOR
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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

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

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

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: WILLIAM ADAMS

MGRM

09/10/2004

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