2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# L02000034722

Entity Name: MID-CAPE RACQUET & HEALTH CLUB, L.L.C.

Current Principal Place of Business:

1300 CEITUS TERRACE
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1300 CEITUS TERRACE
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 27-0042772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCKLEY, PATRICK
1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

BUCKLEY, PATRICK
1342 COLONIAL BOULEVARD
SUITE 60
FORT MYERS, FL 33907 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: _____ 05/03/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LYNCH, SUZANNE M
Address: 11670 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete
Name: LYNCH, ROBERT S
Address: 11670 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: SUZANNE M. LYNCH MGRM 05/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date