

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034722

**FILED**  
**Jun 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1242 SW PINE ISLAND RD.  
SUITE 42  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

3313 SW 7TH AVE.  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1242 SW PINE ISLAND RD.  
SUITE 42  
CAPE CORAL, FL 33991

**New Mailing Address:**

3313 SW 7TH AVE.  
CAPE CORAL, FL 33914

**FEI Number:** 27-0042772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUCKLEY, PATRICK  
1342 COLONIAL BOULEVARD  
SUITE 60  
FORT MYERS, FL 33907 US

**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/MANAGERS:**

**Title:** MGRM  
**Name:** LYNCH, SUZANNE M  
**Address:** 3313 SW 7TH AVE.  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** MGRM  
**Name:** LYNCH, ROBERT S  
**Address:** 44 BLACK BEAR DR. - SUITE #1212  
**City-St-Zip:** WALTHAM, MA 02451

I hereby 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:** ROBERT S. LYNCH

MGRM

06/26/2012

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