

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DOCUMENT # L02000034722

1. Entity Name
MD-CAPE RACQUET & HEALTH CLUB, L.L.C.

Principal Place of Business
**13200 OAKMONT DRIVE #3
FORT MYERS FL 33907**

Mailing Address
**13200 OAKMONT DRIVE #3
FORT MYERS FL 33907**

2. Principal Place of Business
PINE ISLAND ROAD

3. Mailing Address
48 PROSPECT ROAD

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
ANDOVER, MA

Zip
33991 Country **USA**

Zip
01810 Country **USA**

9/30 CHECK HERE IF MAKING CHANGES

4. FEI Number
27-0042772 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**G. DOUGLAS HARPER, P.A.
385 N. JEFFERSON STREET
MONTICELLO FL**

7. Name and Address of New Registered Agent

NAME **PARTRICK BURNEY**

Street Address (P.O. Box Numbers Not Acceptable)
1633 Southway 47th Toland

City **CAPE CORAL** FL Zip Code **33910**

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 *Patrick Burney* DATE **9/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when retotaling)

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNCH, SUZANNE M. 48 PROSPECT ROAD ANDOVER MA 01810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNCH, ROBERT S 48 PROSPECT ROAD ANDOVER MA 01810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAJEWSKI, EUGENE W. 13200 OAKMONT DRIVE #3 FORT MYERS FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify 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 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 60B, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *Suzanne M. Lynch* DATE **9/24/03** (978) 475-0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE