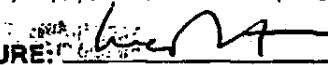


FILED
May 12, 2004 8:00 am
Secretary of State

04-28-2004 90066 013 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000001977																																											
1. Entity Name SOUTH BEACH TENNIS SERVICE LLC																																											
Principal Place of Business 245 CARDINAL DRIVE 106 Pelican Dr. MELBOURNE BEACH, FL 32951		Mailing Address 245 CARDINAL DRIVE 106 Pelican Dr. MELBOURNE BEACH, FL 32951																																									
2. Principal Place of Business 106 Pelican Dr.		3. Mailing Address 106 Pelican Dr.																																									
Subs., Apt. #, etc.		Subs., Apt. #, etc.																																									
City & State Melbourne Beach		City & State Melbourne Bch																																									
Zip 32951	Country FL	Zip 32951	Country Brevard																																								
4. Name and Address of Current Registered Agent DONALDSON, MATTHEW C. 245 CARDINAL DRIVE 106 Pelican Dr. MELBOURNE BEACH, FL 32951		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
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  Matthew C. DONALDSON 4/25/04 Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when not using DATE)																																											
Filing Fee is \$50.00 Due by May 1, 2004		Main office located in Florida Department of State																																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																									
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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 included 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 608, Florida Statutes.																																											
SIGNATURE: 		4/25/04 324 723 1627																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone																																									