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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

04212004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
~~245 CARDINAL DRIVE~~ 106 Pelican Dr. MELBOURNE BEACH, FL 32951	~~245 CARDINAL DRIVE~~ 106 Pelican MELBOURNE BEACH, FL 32951

2. Principal Place of Business	3. Mailing Address	4. FEI Number
106 Pelican Dr.	106 Pelican Dr.	043736219
Suite, Apt #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: Melbourne Beach	City & State: Melbourne Bch	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required
Zip: 32951 Country: FL Brevard	Zip: 32951 Country: Brevard	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONALDSON, MATTHEW C ~~245 CARDINAL DRIVE~~ 106 Pelican Dr... MELBOURNE BEACH, FL 32951	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 [signature] Matthew C. DONALDSON 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ~~Matthew Donaldson~~ ~~106 Pelican Dr~~ ~~Melbourne Beach~~ ~~32951~~	☐ Change ☐ Addition
TITLE: President NAME: Matthew C. Donaldson STREET ADDRESS: 106 Pelican Dr CITY-ST-ZIP: Melbourne Bch FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 608, Florida Statutes.

SIGNATURE: [signature] 4/25/04 321 723 1627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #