

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015704

Entity Name: EL SAWY TENNIS CENTER LLC

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

8028 TERRACE RIDGE DR
TAMPA, FL 33637

New Principal Place of Business:

UNIVERSITY OF SOUTH FLORIDA
TENNIS COURTS
TAMPA, FL 33620

Current Mailing Address:

8028 TERRACE RIDGE DR
TAMPA, FL 33637

New Mailing Address:

FEI Number: 52-2438727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EL SAWY, TAMER
Address: 8028 TERRACE RIDGE DR
City-St-Zip: TAMPA, FL 33637

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EL SAWY, TAMER A
Address: 8028 TERRACE RIDGE DR
City-St-Zip: TAMPA, FL 33637

Title: MGRM () Change (X) Addition
Name: EL SHEIKH, DALIA H
Address: 8028 TERRACE RIDGE DR.
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMER EL SAWY

MGRM

08/17/2006

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