



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90115 029 \*\*\*\*50.00

<b>DOCUMENT # L03000030874</b>			
1. Entity Name SOCCER TRAINING ACADEMY OF FLORIDA, LLC			
Principal Place of Business 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478		Mailing Address 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478	
2. Principal Place of Business 10152 W. INDIANTOWN RD SUITE 219 JUPITER, FL 33458		3. Mailing Address 10152 W. INDIANTOWN RD SUITE 219 JUPITER, FL 33458	
City & State JUPITER, FL		City & State JUPITER, FL	
Zip 33458		Zip 33458	
Country USA		Country USA	
6. Name and Address of Current Registered Agent ROSE, PHILIP 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478		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 		DATE	
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, PHILIP 10152 W. INDIANTOWN RD, SUITE 219 JUPITER FL 33478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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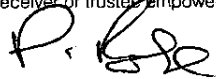
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



Feb 9 2004

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