2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

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

Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # L03000030874** 1. Entity Name 02-12-2004 90115 029 ****50.00 SOCCER TRAINING ACADEMY OF FLORIDA, LLC Mailing Address Principal Place of Business 10152 W. INDIANTOWN ROAD 10152 W. INDIANTOWN ROAD いエリエリペチャ **SUITE 219 SUITE 219** JUPITER FL 33478 JUPITER FL 33478 3. Mailing Address 2. Principal Place of Business 10152 W 0152 W. (NOIM Town NMM Town R Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSE, PHILIP Street Address (P.O. Box Number is Not Acceptable) 10152 W. INDIANTOWN ROAD **SUITE 219** JUPITER FL 33478 Zip Code City FL 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 egistered age 12 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGR ☐ Delete TITLE Change NAME ROSE, PHILIP NAME STREET ADDRESS STREET ADDRESS 10152 W. INDIANTOWN RD, SUITE 219 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED