

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011911

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: TENNIS ENTERPRISES, LLC

**Current Principal Place of Business:**

1190 NE 163RD ST #203  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

510 SHOTGUN ROAD  
SUITE 300  
SUNRISE, FL 33326

**Current Mailing Address:**

1190 NE 163RD ST #203  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

510 SHOTGUN ROAD  
SUITE 300  
SUNRISE, FL 33326

FEI Number: 20-0753943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

LICKSTEIN, FRED K ESQ  
100 SE 2ND ST, 17TH FLOOR  
MIAMI, FL 33131      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: MGR      ( ) Delete  
Name: NORONA, GABRIEL  
Address: 1190 NE 163RD ST #203  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: NORONA, GABRIEL  
Address: 510 SHOTGUN ROAD, SUITE 300  
City-St-Zip: SUNRISE, FL 33326

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: GABRIEL NORONA

MGR

07/05/2006

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