2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029699

FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90017 005 ****50.00

Principal Place of Business 222 SERTLEY DRIVE LONGMOOD, FL 32779 2. Principal Place of Business Suite, April 4, etc. Suite, April 4, etc. City & State	1. Entity Name COMPLET	TE SOCCER ACADEMY F	REAL ESTATE, LLC)				
Suries Appl. #, etc. Suries Appl. #, etc. City & State Status Desired Registered Agent Register	292 BENTLEY DRIVE		292 BENTLEY DRIVE			20037746				
City & State Country S. Contrive S. Contri	2. Principal Pl	ace of Business	3. Mailing Address							
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032005	Chg-LLC	CR2E0	83 (10/03)	
S. Cerificate of Squiss Desired Fee Required S. Cerificate of Squiss Desired Fee Required S. Cerificate of Squiss Desired Fee Required S. Cerificate of Squiss Desired Special & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Sireer Address (P.O. Box Number is Not Acceptable) City	City & State					4. FEI Numt	-1224	296		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City FL Zip Code	Zip			Country				' ⊔ ————	Fee Required	
SPIECEL & UTRERA P.A. 1840 SW 22ND ST. 41H FLOOR MIAMI, FL 33145 City FL Zip Code		b. Name and Address of Curren	t Hegistered Agent	+	Name	7. Name an	d Address of New	Hegistered /	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the property	1840 SW 22ND ST. 4TH FLOOR									
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9. MANAGING MEMBERS/MANAGERS 1D. ADDITIONS/CHANGES ITILE MGR OASSIDY, JOHN C STREET ADDRESS 292 BENTLEY DRIVE ORIVES OTHY-ST-2P CONSTORED ORIVES OF STREET ADDRESS OF STREET	the obligati	ons of registered agent	for the same of th				oth, in the State of	Florida. I am	familiar with, a	and accept
TITLE	Filing Fee is \$50.00 Due by May 1, 2005						I		•	•
NAME STREET ADDRESS CITY-ST-ZP LONGWOOD, FL 32779 TITLE MAGR CASSIDY, CLAUDIA STREET ADDRESS CITY-ST-ZP LONGWOOD, FL 32779 Delete STREET ADDRESS CITY-ST-ZP LONGWOOD, FL 32779 TITLE S CITY-ST-ZP LONGWOOD, FL 32779 TITLE SCREET ADDRESS CITY-ST-ZP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZP LONGWOOD, FL 32779 TITLE TABLE TADDRESS CITY-ST-ZP TITLE TADDRESS TITLE TADDRESS CITY-ST-ZP TITLE TADDRESS TITLE	9.	MANAGING MEME	BERS/MANAGERS	10.		·	ADDITION	IS/CHANGES	3	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it an limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John C. Cassing Managing Member, Mayager, or author