


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT# L04000087901 1. Entity Name THE TENNIS INSTITUTE, LLC	
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Principal Place of Business 2810 SHIPPING AVENUE MIAMI, FL 33133 US	Mailing Address 2810 SHIPPING AVENUE MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE



07252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1592676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

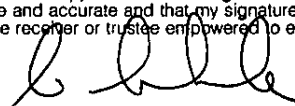
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONDRUSKA, MARCOS 2810 SHIPPING AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONDRUSKA, MATUS SCHUCKERT STR. 14 MUNICH, XX 81379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONDRUSKA, MICHAEL 2810 SHIPPING AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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07/28/06-80001-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Marcos Ondruska** **7/25/06** **305 310 7896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #