

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087901

FILED
Jan 15, 2008
Secretary of State

Entity Name: THE TENNIS INSTITUTE, LLC

Current Principal Place of Business:

2810 SHIPPING AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2810 SHIPPING AVENUE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 72-1592676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ONDRUSKA, MARCOS
2810 SHIPPING AVE
MIAMI, FL 33133 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: MARCOS ONDRUSKA

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ONDRUSKA, MARCOS
Address: 2810 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM () Delete
Name: ONDRUSKA, MATUS
Address: SCHUCKERT STR. 14
City-St-Zip: MUNICH, XX 81379 DE

Title: MGRM () Delete
Name: ONDRUSKA, MICHAEL
Address: 2810 SHIPPING AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARCOS ONDRUSKA

MR.

01/15/2008

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