# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 04, 2009**
**Secretary of State**

DOCUMENT# L05000012286

**Entity Name:** MATCH POINT ONE, LLC

**Current Principal Place of Business:**

27421 COUNTRY CLUB DR
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27421 COUNTRY CLUB DR
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number: 35-2246951** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PINTI, JOHN
27421 COUNTRY CLUB DR
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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: | MGRM | ( ) Delete |
| Name: | PINTI, JOHN | |
| Address: | 27241 COUNTRY CLUB DR | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |
| Title: | MGRM | ( ) Delete |
| Name: | MARTIN, JOHN | |
| Address: | 27241 COUNTRY CLUB DR | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |
| Title: | MGRM | ( ) Delete |
| Name: | JOHNSON, FLORENCE | |
| Address: | 215 N. 25TH AVENUE | |
| City-St-Zip: | YAKIMA, WA 98902 US | |
| Title: | MGRM | ( ) Delete |
| Name: | CARVER, ROBERT | |
| Address: | 27241 COUNTRY CLUB DR | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |
| Title: | MGRM | ( ) Delete |
| Name: | SIPPEL, DALE | |
| Address: | 27241 COUNTRY CLUB DR | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |
| Title: | MGRM | ( ) Delete |
| Name: | MALONEY, JOYCE | |
| Address: | 27241 COUNTRY CLUB DR | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |

**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: | |
| 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: JOHN PINTI MGRM 02/04/2009

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