2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031646

1. Entity Name

IMG/BOLLETTIERI ACADEMIES COUNTRY CLUB, LLC



FILED Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236

240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236



01212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
20-2603254	 Not Applicab
5. Certificate of Status Desired	5.00 Additional e Required

6. Name and Address of Current Registered Agent

BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agant and little if applicable	(NOTE Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL CON ASSOCIATES, L.L.L.P. 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-2:P		U00000830674 02/26/08-80093-007 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the