


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90017 018 \*\*\*\*50.00

DOCUMENT # L05000040746					
1. Entity Name GLOBAL TENNIS SERVICES LLC					
Principal Place of Business 600 N.E. 36TH STREET, APT. PH1 MIAMI, FL 33137			Mailing Address 600 N.E. 36TH STREET, APT. PH1 MIAMI, FL 33137		
2. Principal Place of Business <i>1717 N. Bayshore Dr.</i>		3. Mailing Address <i>1717 N. Bayshore Dr.</i>			
Suite, Apt. #, etc. <i># A2149</i>		Suite, Apt. #, etc. <i># A2149</i>			
City & State <i>Miami, FL 33132</i>		City & State <i>Miami, FL</i>			
Zip <i>33132</i>	Country <i>Dade</i>	Zip <i>33132</i>	Country <i>Dade</i>	4. FEI Number <i>59-3804053</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  WOLFE, RICHARD C. 1000 S.E. SECOND STREET, SUITE 3300 WOLFE & GOLDSTEIN, P.A. MIAMI, FL 33131			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"><span>FL</span><span>Zip Code</span></div>		
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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Manager Thomas Hartensveld 1717 N. Bayshore Dr., # A2149 Miami, FL 33132</i> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____				Date <i>04-24-06</i> Daytime Phone # <i>(786) 546 8211</i>	