

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075644

FILED  
Sep 20, 2009  
Secretary of State

Entity Name: 14240 SPORTS CLUB WAY-YADI, LLC

**Current Principal Place of Business:**

13249 SOBRADO DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

13249 SOBRADO DRIVE  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 20-3274305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

YADI, BERTRAND A MGR  
13249 SOBRADO DRIVE  
ORLANDO, FL 32837      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: YADI, BERTRAND A MR  
Address: 13249 SOBRADO DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR      ( ) Delete  
Name: YADI, LESLIE T MRS  
Address: 13249 SOBRADO DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

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: BERTRAND YADI

MGR

09/20/2009

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