2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000090474 1. Entity Name NESS RACQUET CLUB, LLC						2007 DEC II AMII: 49			
Principal Place of Business 1401 BRICKELL AVE., SUITE 330 MIAMI, FL 33131		Mailing Address 1401 BRICKELL AVE., SUITE 330 MIAMI, FL 33131				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box # 605 Lin (oln Road		3. Mailing Address 605 Lincoln Road							
Suite, Apt. #, etc. Srite 300		Suite, Apt. #, etc. Suite 300			12062007	Chg-LLC	CR2E083 (12/06	5)	
Miami Beach, FL		Miani Beach, FL			4. FEI Numb		├ ─	Applied For Not Applicable	
	SA.	33139	Count	υ. δ Α .		e of Status Desired	□ \$5.00 A Fee Requi		
6. Name and Address of Current Registered Agent				Name T:	7. Name and Address of New Registered Agent JIMENEZ-NESS ALEX				
JIMENEZ-NESS, ALEX 1401 BRICKELL AVE., SUI	Street Address			(P.O. Box Number is Not Acceptable)					
MIAMI, FL 33131					ite 300				
				City M	iami l	Seach	FL Zip Co	331391	
8. The above named entity seemits this tratementator 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 X Signature, typed or pti									
Amended AR is \$50.00							e check payable to Department of St		
T	NAGING MEMBER	S/MANAGERS	10.			ADDITIONS/			
NAME JIMENEZ, ALEX				: E			Changi	Addition	
STREET ADDRESS 1401 BRICKELL AVE., SUITE 330 CITY-ST-ZIP MIAMI, FL 33131				ET ADDRESS 60 -ST-ZIP M i	5 Lincoln	Road, Su	ite 300		
TITLE MGR Delete			TITLE				🔼 Chang	e 🔲 Addition	
NAME LAPLANA, LUIS G STREET ADDRESS 1401 BRICKELL AVE., SUITE 320 CITY-ST-ZIP MIAMI, FL 33131				ET ADDRESS 66	Got Lincoln Road, suite 300 Mismi Beach, FL 33139				
TITLE Delete			TITLE	-1	•	•	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			4	E Et address -St-Zip	12/1 ⁴	0 011 31 4/0701047	58412 009 **50.	00	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS -ST-ZIP					
TITLE NAME	,	Delete	TITLE			1	☐ Change	e	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE			VIII	☐ Change	e Addition	
STREET ADDRESS				ET ADDRESS		121			
11. I hereby certify that the intermal	ition supplied with the	nis filing does not qualify for	the exer	-ST-ZIP motions containe	ed in Chapter 119	L Florida Statutes 1 fo	uther certify that the in	formation	
11. I hereby certify that the information supplied with this filling 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 received or true empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 12 6 07 305-416-0144									