

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070898

FILED  
May 12, 2008  
Secretary of State

**Entity Name:** SWING ZONE TRAINING CENTER, LLC

**Current Principal Place of Business:**

10514 SUN VILLA BLVD  
ORLANDO, FL 32817

**New Principal Place of Business:**

416 GENEVA DR.  
OVIEDO, FL 32765

**Current Mailing Address:**

10514 SUN VILLA BLVD  
ORLANDO, FL 32817 US

**New Mailing Address:**

2927 BOLAND DR.  
OVIEDO, FL 32765 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

SUMMERS, GREGORY W  
10514 SUN VILLA BLVD  
ORLANDO, FL 32817 US

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

SUMMERS, GREGORY W  
2927 BOLAND DR.  
OVIEDO, FL 32765 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: G. WAYNE SUMMERS

05/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SUMMERS, GREGORY W  
Address: 10514 SUN VILLA BLVD  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SUMMERS, GREGORY W  
Address: 2927 BOLAND DR.  
City-St-Zip: OVIEDO, FL 32765

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: G. WAYNE SUMMERS

MAN

05/12/2008

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