

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102381

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** MP TENNIS CENTER, LLC

**Current Principal Place of Business:**

8419 N. HUBERT AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

8419 N. HUBERT AVENUE  
TAMPA, FL 33614 US

**Current Mailing Address:**

14845 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

14845 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618 US

**FEI Number:** 20-5764420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YADLEY, GREGORY C  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602 US

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

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  
Name: BOVARD, AMY R  
Address: 14845 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

Title: MGR  
Name: PRATT, MICHAEL L  
Address: 14845 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

I hereby 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: AMY BOVARD

MGR

04/23/2010

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