

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104388

FILED
Jun 03, 2009
Secretary of State

Entity Name: TAMPA BAY SPRING TRAINING, LLC

Current Principal Place of Business:

12331 WYCLIFF PLACE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

12331 WYCLIFF PLACE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-5802010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NADEL, STEVE D
12331 WYCLIFF PLACE
TAMPA, FL 33626 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: MGRM () Delete
Name: NADEL, STEVE D
Address: 12331 WYCLIFF PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: NADEL, KIMBERLY S
Address: 12331 WYCLIFF PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: STRUS, GEORGE N
Address: 9 WILLOWBROOK DRIVE
City-St-Zip: NORTH CALDWELL, NJ 07006 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE D. NADEL

MGRM

06/03/2009

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