

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121803

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA SOCCER ACADEMY LLC

Current Principal Place of Business:

5299 SE REDWOOD AVE
STUART, FL 34997

New Principal Place of Business:

274 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986

Current Mailing Address:

5299 SE REDWOOD AVE
STUART, FL 34997

New Mailing Address:

274 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986

FEI Number: 36-4599845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, ROBERTSON
274 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986 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: MRGM (X) Delete
Name: CAICEDO, HUGO
Address: 2773 SE GARFIELD AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: POWER, TOM
Address: 5299 SE REDWOOD AVE
City-St-Zip: STUART, FL 34997

Title: MGRN () Delete
Name: ROBERTSON, DAVID
Address: 274 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

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: DAVID ROBERTSON

MGRN

04/30/2009

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