

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058536

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** TEAM SPORTS ACADEMY, LLC

**Current Principal Place of Business:**

4416 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

2473 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

4416 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

2473 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327

**FEI Number:** 77-0689424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, DAVID S  
893 REHWINKEL ROAD  
CRAWFORDVILLE, FL 32327 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 ( ) Delete  
Name: COLLINS, DAVID S  
Address: 893 REHWINKEL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

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 S COLLINS

MGR

04/30/2009

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