

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116717

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GRASSROOTS TENNIS LLC

**Current Principal Place of Business:**

21346 ST. ANDREWS BLVD  
STE 420  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21346 ST. ANDREWS BLVD  
STE 420  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 26-1422353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURPIE, JACQUELIN  
706 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445 US

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

TURPIE, THOMAS  
706 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445 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: THOMAS TURPIE

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TURPIE, JACQUELIN  
Address: 706 FOXPOINTE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TURPIE, THOMAS  
Address: 706 FOXPOINTE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

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: THOMAS TURPIE

CEO

04/14/2009

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