File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

SIGNATURE:



SECONE FILED

ANNUAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			DIVISION OF CORPORATIONS 98 MAR 23 PM 3: 59			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						9		0.09
1 Name and Malling Address of Limited Liability Company BOLLETTIERI SPORTS MEDICINE CENTER LIMITED LIABILITY COMPANY C/O BOLLETTIERI TENNIS AND SPORTS ACADEMY, INC. 5500 34TH STREET WEST BRADENTON FL 34210								
Principal Place of Business 2			2s. Malling Address			3. Date Organiz	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02/21/1997 FL 4. FEI Number Applied For				
City & State	City & State				5. Date of Last	Penad	Not Applicable	
Zip	Country	Zip		Count	ry	5. Date of Cast	Пероп	6. Certificate of Status Desired S8 75 Additional Fee Required
7. Name and Address of Current Registered Agent					Name and Address of New Registered Agent/Office Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address Suite, Apt. #, el	P.O. Box Number is Not Acceptable) . Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote as registered agent, and accept the obligations.								
SIGNATURE								
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code	
MGRM BOLLETTIERI TENNIS & S MGRM MCCOMB, WILLIAM E			5500 34TH STREET, WEST 2828 S. TAMIAMI TRAIL			RAIL	BRADENTON FL SARASOTA FL	
						Section 119.07(3) (i),	*****1€	467152—9 /9801096026 37.00 ****187.00
Indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.								

SIGNATURE AND TYPED OR PRINTED WAN OF SIGNAL MANAGER MEMBER OR MANAGER