2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004
Secretary of State

DOCUMENT# L97000000230

Entity Name: BOLLETTIERI SPORTS MEDICINE CENTER LIMITED LIABILITY COMPANY

Current Principal Place of Business:

C/O BOLLETTIERI TENNIS AND SPORTS ACADEMY,
INC. 5500 34TH STREET WEST
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

C/O BOLLETTIERI TENNIS AND SPORTS ACADEMY,
INC. 5500 34TH STREET WEST
BRADENTON, FL 34210

New Mailing Address:

BOLLETTIERI SPORTS MEDICINE CENTER
2828 TAMIAMI TRAIL
SARASOTA, FL 34239

FEI Number: 59-3430847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BOLLETTIERI TENNIS &, SPORTS ACADEM Y , INC.
Address: 5500 34TH STREET, WEST
City-St-Zip: BRADENTON, FL 34210

Title: MGRM ( ) Delete
Name: MCCOMB, WILLIAM E
Address: 2828 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM MC COMB MGR 06/28/2004

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