

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000230

FILED
Apr 30, 2007
Secretary of State

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:

BOLLETTIERI SPORTS MEDICINE CENTER
2828 TAMiami TRAIL
SARASOTA, FL 34239

New Mailing Address:

BOLLETTIERI SPORTS MEDICINE CENTER
5500 34TH STREET WEST
BRADENTON, FL 34210

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/MANAGERS:

Title: MGRM () Delete
Name: BOLLETTIERI TENNIS & SPORTS ACADEMY, 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: MGRM (X) Change () Addition
Name: FRYE, JAY
Address: 5500 34TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

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: JAY FRYE

MGRM

04/30/2007

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