

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 044 ****50.00

DOCUMENT # L99000006224

1. Entity Name
**INTERNATIONAL CENTER FOR EXCELLENCE IN
EDUCATION, L.L.C.**



Principal Place of Business
**5500 34TH STREET W
BRADENTON, FL 34210**

Mailing Address
**5500 34TH STREET W
BRADENTON, FL 34210**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0951597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCOMB, WILLIAM E
2828 S. TAMiami TRAIL
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCCOMB, WILLIAM E
STREET ADDRESS	2828 S. TAMiami TRAIL
CITY- ST- ZIP	SARASOTA, FL 34239
TITLE	MGR
NAME	BAND, DAVID S
STREET ADDRESS	240 S. PINEAPPLE AVENUE, 10TH FLOOR
CITY- ST- ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	ODELL, RICHARD
STREET ADDRESS	5500 34TH STREET W
CITY- ST- ZIP	BRADENTON, FL 34210
TITLE	MGR
NAME	BOLLETIERI, INC.
STREET ADDRESS	5500 34TH ST.
CITY- ST- ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 3/17/04

Date

x 941-739-3964

Daytime Phone #