


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -3 PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000655 EVERT TENNIS ACADEMY LIMITED LIABILITY COMPANY IMG CENTER 1360 E. 9TH STREET, SUITE 100 CLEVELAND OH 44114-1782		1a. Principal Place of Business Address 10334 DIEGO DR. SOUTH BOCA RATON FL 33428			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/30/1997	
				3a. State of Formation OH	
				4. FEI Number 31-1567034	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 08/03/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. 200002871532--2 -05/11/99--01063--025 ****188.75 ****188.75 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (SOLE Registered Agent Signature Required When Filing in FL)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	INTERNATIONAL MERCHA,	IMG CENTR 1360 E. 9TH ST. SUITE 100		CLEVELAND OH	
MGRM	EVERT-MILL, CHRIS	ONE ERIEVIEW PLAZA, SUITE		CLEVELAND OH	
MGRM	EVERT, JOHN	IMG CENTR 1360 E. 9TH ST. SUITE 100		CLEVELAND OH	
		ONE ERIEVIEW PLAZA, SUITE			
<i>SL</i> <i>5-10-99</i>					
11. I do 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 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: _____		_____ 4/22/99			
<small>SIGNATURE AND TITLE OF PERSON IN CHARGE OF SIGNING THIS STATEMENT FOR MEMBER</small>					
DAVID A. OSBORN, JR. TREASURER					