

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009768

**Entity Name:** CENTRAL FLORIDA BASKETBALL PARTNERS, LLC

**Current Principal Place of Business:**

701 LIME STREET  
LAKELAND, FL 33815

**Current Mailing Address:**

8701 MAITLAND SUMMIT BLVD.  
ATTN: ACCOUNTING  
ORLANDO, FL 32810 US

**FEI Number: 38-4030668**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARTINS, ALEX  
400 W CHURCH STREET STE 250  
ORLANDO, FL 32801 US

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MARTINS, ALEX J  
Address        400 W CHURCH STREET STE 250  
City-State-Zip: ORLANDO FL 32801

Title            TREASURER  
Name            FRITZ, JAMES T  
Address        400 W CHURCH STREET STE 250  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            SCHIERBEEK, ROBERT H  
Address        126 OTTOWA AVENUE NW  
                  STE 500  
City-State-Zip: GRAND RAPIDS MI 49503

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES FRITZ**

**TREASURER**

**03/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date