

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013897

FILED
Apr 04, 2005
Secretary of State

Entity Name: TEKNIX SPORTS ENGINEERING LLC

Current Principal Place of Business:

2651 STATE ROAD 60 WEST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

2651 STATE ROAD 60 WEST
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3742308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHILLITO, WILL
5322 VERONA CT
LAKELAND, FL 33813 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: VIVES, DAVID
Address: 812 WINDSOR AVE.
City-St-Zip: LAKELAND, FL 33803

Title: MGRM (X) Delete
Name: FOLEY, JOHN III
Address: 9517 N ALBANY AVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: SHILLITO, WILL
Address: 5322 VERONA COURT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SHILLITO, WILL
Address: 5322 VERANA COURT
City-St-Zip: LAKELAND, FL 33813

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: WILL SHILLITO

MGRM

04/04/2005

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