


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L02000016147

1. Entity Name
 1972 PERFECT SEASON TEAM 17-0 ENTERPRISES, LLC



| | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business 2850 N. ANDREWS AVE. FORT LAUDERDALE, FL 33311 US | Mailing Address 2850 N. ANDREWS AVE. FORT LAUDERDALE, FL 33311 US |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



03052007 No Chg-LLC CR2E083 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 46-0495990 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MATTHEW E. MORRALL, P.A.
 2850 N. ANDREWS AVE.
 FORT LAUDERDALE, FL 33311

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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANDERSON, RICHARD P 7751 SW 62 AVENUE STE 200 MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MORRALL, MATTHEW E 2850 N. ANDREWS AVE FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FLEMING, MARVIN 909 HOWARD STREET MARINA DEL REY, CA 90292 |
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 03/22/07-80020-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Matthew E. Morrall Date: 3/18/07 Daytime Phone #: 954-568-4008

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