
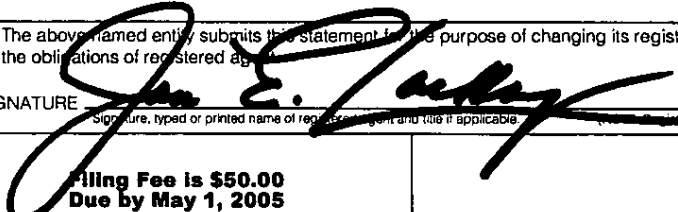
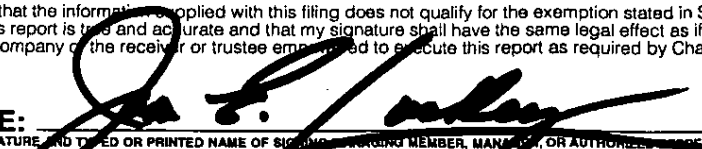


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90205 050 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L02000027310 | | | |  | |
| 1. Entity Name FREE STATE UMPIRES LLC | | | | | |
| Principal Place of Business 21151 LAZY D FARM ROAD ESTERO, FL 33928 | | | Mailing Address 21151 LAZY D FARM ROAD ESTERO, FL 33928 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0747426 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LACKEY, JOHN E 21151 LAZY D FARM ROAD ESTERO, FL 33928 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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  DATE January 6, 2005 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR UEHLINGER, GERARD P DIR 28 WEST ALLEGHENY AVE SUITE 1210 TOWSON, MD 21204 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR UEHLINGER, GERARD P ESQ DIR 28 WEST ALLEGHENY AVE, SUITE 1210 BALTIMORE, MARYLAND 21204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GLORIEUX, JOHN DIR 223 NORTH GROVE ISLE CIRCLE VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEHNART, BECKY DIR 259 REDWOOD STREET VENICE, FLORIDA 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VALENTE, SAL DIR 318 SE 43RD LANE CAPE CORAL, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LACKEY, JOHN E PRES. 21151 LAZY D FARM ROAD ESTERO, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LACKEY, DEBBIE K V-PRES 21151 LAZY D FARM ROAD ESTERO, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LACKEY, DEBBIE K SEC 21151 LAZY D FARM ROAD ESTERO, FLORIDA 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LACKEY, ERIC D SEC 418 1/2 EAST WASHINGTON STREET GREENCASTLE, IN 46135 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEHNART, WILLIAM V-PRES 259 REDWOOD STREET VENICE, FLORIDA 34293 |
| 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:  DATE January 6, 2005 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |