


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 015 ****50.00

DOCUMENT # L03000030874	
1. Entity Name PALS SOCCER TRAINING ACADEMY OF FLORIDA, LLC	

Principal Place of Business 10152 WEST INDIAN TOWN ROAD SUITE 219 JUPITER FL 33478 US	Mailing Address 10152 WEST INDIAN TOWN ROAD SUITE 219 JUPITER FL 33478 US
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2. Principal Place of Business - No P.O. Box # 913 N-BEAC PKWY Suite, Apt. #, etc. A 126	3. Mailing Address 913 N. BEAC PARKWAY Suite, Apt. #, etc. A 126
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1st MOORE CR2E083 (10/06)

City & State FORT WALTON BEACH Zip FL 32547	Country OKALOOSA	City & State FORT WALTON BEACH Zip FL 32547	Country OKALOOSA
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent ROSE, PHILIP 10152 W. INDIANTOWN ROAD SUITE 219 JUPITER FL 33478 <i>see above</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *P. Rose* DATE: 4-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME ROSE, PHILIP STREET ADDRESS 10152 W. INDIANTOWN RD, SUITE 219 CITY- ST- ZIP JUPITER FL 33478	TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROSE, PHILIP P STREET ADDRESS 913 N BEAC PKWY A 126 CITY- ST- ZIP FORT WALTON BEACH FL 32547
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *P. Rose* DATE: 4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #