

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90441 020 ****55.00

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| DOCUMENT # L04000085022 | |
| 1. Entity Name FINISH LINE ADVANTAGE, LLC | |
| Principal Place of Business 350 EAST LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301 | Mailing Address 2400 E. LAS OLAS BL C/O JOHN J. FLYNN PMB 105 350 EAST LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301 |



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 13-4290032 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| FLYNN, JOHN J 2400 E. LAS OLAS BLVD 350 EAST LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301 PMB 105 | |

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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 | MGRM FLYNN, JOHN J 2400 E. LAS OLAS BLVD 350 EAST LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE, FL 33301 PMB 105 |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/26/07

954-332-2395

Date

Daytime Phone #