


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90072 019 ***138.75

DOCUMENT # L06000032259

1. Entity Name
MAD ABOUT SOCCER BAYSIDE, LLC



Principal Place of Business Mailing Address
401 BISCAYNE BLVD., SUITE #2287 **401 BISCAYNE BLVD., SUITE #2287**
MIAMI, FL 33132 **MIAMI, FL 33132**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4590227 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|---|
| COVOS, SESBASTIAN 11500 N.W. 62ND TERRACE, #346 DORAL, FL 33178 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) 5910 NW 111 Avenue |
| | City Doral FL Zip Code 33178 |

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

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WAINER, DIEGO 401 BISCAYNE BLVD., SPAGE #2287 MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10284 NW 51 Terrace Doral FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COVOS, SEBASTIAN 401 BISCAYNE BLVD., SPAGE #2287 MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5910 NW 111 Avenue Doral FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Sebastian Covos Date 1/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #