

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

07 AUG 24 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L0600011719**

1. Entity Name  
**WORLD SPORTS, LLC**



Principal Place of Business      Mailing Address  
**3 SUNSET KEY**      **3 SUNSET KEY**  
**KEY WEST, FL 33040**      **KEY WEST, FL 33040**

BK

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3 SUNSET KEY**      **3 SUNSET KEY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



08132007    Chg-LLC    CR2E083 (12/06)

City, State      City, State  
**KEY WEST, FL**      **KEY WEST, FL**

4. FEI Number      Applied For  
**20-5927854**      Not Applicable

Zip      Country      Zip      Country  
**33040**      **MONROE**      **33040**      **MONROE**

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

6. Name and Address of Current Registered Agent  
**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNOR'S SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

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Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARBURUA, MARTIN J 11924 FORST HILL BLVD STE 22 PMB #189 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300108708603 08/28/07--01038--008 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAINZ, JORGE 11924 FORST HILL BLVD STE 22 PMB #189 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300108708603 08/28/07--01038--009 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Martin J. Arburua      8/13/07      305 293-0033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #

619-843-4347