

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90016 040 ****50.00

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|---|--|--|--|--|---|
| DOCUMENT # M01000002604 | | | | | |
| 1. Entity Name AXCESS SPORTS & ENTERTAINMENT, LLC | | | | | |
| Principal Place of Business ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202 | | | Mailing Address ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03152006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 59-3754819 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | |
| HAYSHIRE, MICHAEL ONE INDEPENDANT DRIVE SUITE 2602 JACKSONVILLE, FL 32202 | | | Name <u>Michael L. Huyghue</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Independent Drive Suite 2602</u> City <u>Jacksonville</u> FL Zip Code <u>32202</u> | | |
| 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUYGHUE, MICHAEL L MGRM ONE INDEPENDENT DRIVE, SUITE 2602 JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PEARCE, JOHN C II ONE INDEPENDENT DR., S-2602 JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAPIRO, NEVIN ONE INDEPENDENT DR. S-2602 JACKSONVILLE, FL 32205 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMMONS, JOHN A 707 BERKSHIRE BLVD EAST ALTON, IL 62024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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: <u>X Michael L. Huyghue</u> | | | | Date <u>3-23-06</u> Daytime Phone # _____ | |