

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112007 Chg-LP CR2E003 (12/06)

4. FEI Number **65-1063089** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DOCUMENT # A00000001870

1. Entity Name
LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP



Principal Place of Business
**% LAS VEGAS GLADIATORS
1580 E DESERT INN, 1ST FL
LAS VEGAS, NV 89109**

Mailing Address
**4000 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip **89169** Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent

**FERRARO, JAMES L
4000 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33146**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, Fee will be \$900.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P00000112058
NAME	LAS VEGAS PROFESSIONAL FOOTBALL, INC.
STREET ADDRESS	4000 PONCE DE LEON BLVD., SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100101613611
CITY-ST-ZIP	05/04/07--01046--001 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **James L. Ferraro** **April 19, 2007** **(305) 375-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE