


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 037 ****50.00

DOCUMENT # L00000002360					
1. Entity Name TAMPA BAY BASEBALL CONCEPTS, L.L.C.					
Principal Place of Business 8328 N FLORIDA AVE TAMPA, FL 33604			Mailing Address 8328 N FLORIDA AVE TAMPA, FL 33604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3630030	
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		
DRUMMOND, TEMPLE H. AKERMAN SENTERFITT & EIDSON 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602			Name <u>Temple H. Drummond, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6325 Jacqueline Arber Dr.</u> City <u>Temple Terrace</u> FL Zip Code <u>33617</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 <u>Temple H. Drummond, Temple H. Drummond,</u> 3/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JODY REED ENTERPRISES, INC.. 10036 WAYNE ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8328 N. Florida Ave. Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE HITTING ZONE, INC. 8328 N. FLORIDA AVENUE TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jaero, Inc. 8328 N. Florida Ave Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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 exemption stated in Section 119.07(3)(i), 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>Jody Reed, Jody Reed</u> 3/10/04 813 931 1272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					