

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006169

FILED  
Mar 04, 2005  
Secretary of State

**Entity Name:** NAPLES ELITE ALLSTAR CHEERLEADING, L.L.C.

**Current Principal Place of Business:**

4085 ARNOLD AVE.  
#201  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

236 BACKWATER CT  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 59-3645612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMANN, LESLIE A  
236 BACKWATER CT.  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEHMANN, LESLIE A  
Address: 236 BACKWATER CT.  
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete  
Name: ROSARIO, VICTOR  
Address: 13135 SW 124TH AVE.  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: ROSARIO, KRISTIN  
Address: 13135 SW 124TH AVE.  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: BENCOMO, JOHN  
Address: 4085 ARNOLD AVE., SUITE 201  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LESLIE A. LEHMANN

MGRM

03/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date