

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000006301

Entity Name: SKYLARK SPORTS LLC

FILED
Oct 08, 2006
Secretary of State

Current Principal Place of Business:

20 WEST LUCERNE CIRCLE
SUITE 908
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

20 WEST LUCERNE CIRCLE
SUITE 908
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 52-2257779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELLAVALLE, PETER
4601 SOUTH ATLANTIC AVE.
PONCE INLET, FL 32127 US

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: JOSEPH M DELLAVALLE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: DELLAVALLE, JOSEPH L M
Address: 20 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: M () Delete
Name: DELLAVALLE, PETER
Address: 4601 S ATLANTIC AVE.
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: DELLAVALLE, JOSEPH M
Address: 20 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

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 Chapter 119, 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: JOSEPH M DELLAVALLE

MM

10/08/2006

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