2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L00000006301

Entity Name: SKYLARK SPORTS LLC

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 (X)**

Name and Address of Current Registered Agent:

DELLAVALLE, PETER
4601 SOUTH ATLANTIC AVE.
PONCE INLET, FL 32127 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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: DELLAVALLE, PETER
Address: 4601 S ATLANITC AVE.
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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 DELLAVALLE MM 01/12/2009

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