

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010459

1. Entity Name
D & M SPORTS PUB, L.L.C.



FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90033 040 ****50.00

Principal Place of Business
1817 EAST BROADWAY (CR419)
OVIEDO, FL 32765

Mailing Address
313 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33880



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
300 CYPRESS GARDENS BLVD
Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State
WINTER HAVEN FL.

Zip
33880

Country

4. FEI Number
59-3685303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEO, LOUIS V
313 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
300 CYPRESS GARDENS BLVD

City WINTER HAVEN FL Zip Code 33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME D & D SPORTS CONCEPTS, INC.
STREET ADDRESS 313 CYPRESS GARDENS BLVD
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE S ☐ Delete
NAME MCKINNEY MANAGEMENT SERVICES, INC.
STREET ADDRESS 11315 MCMULLEN LOOP
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 CYPRESS GARDENS BLVD
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12435 WINDMILL COVE DR
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LARRY D. MCKINNEY

4/5/04

Date

(407) 366-2333

Daytime Phone #