2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000010459

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

Principal Place of Business	Mailing Address
1817 EAST BROADWAY (CR419) OVIEDO, FL 32765	300 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3685303	Not Applicable

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

6. Name and Address of Current Registered Agent

DELEO, LOUIS V
300 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

DO NOT WRITE
IN THIS SPACE

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	D & D SPORTS CONCEPTS, INC.
STREET ADDRESS	300 CYPRESS GARDENS BLVD.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	S
NAME	MCKINNEY MANAGEMENT SERVICES, INC.
STREET ADDRESS	12435 WINDMILL COVE DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000698459
04/19/07-80002-023 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #