


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000010459 1. Entity Name D & M SPORTS PUB, L.L.C.	
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Principal Place of Business 1817 EAST BROADWAY (CR419) OWIEDO, FL 32765	Mailing Address 300 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3685303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DELEO, LOUIS V 300 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880

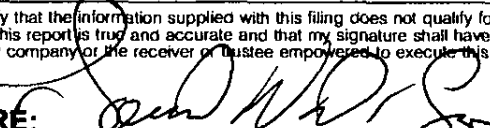
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 05/21/08-80078-012 138.75
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	

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

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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 606, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	476-8 863 297-9464 <small>Date Daytime Phone #</small>