


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 02, 2006 8:00 am  
Secretary of State

05-02-2006 90120 001 \*\*\*400.00

<b>DOCUMENT # L01000001172</b>		
1. Entity Name PRODUCCIONES DEPORTIVAS LC		

Principal Place of Business 1114 SOUTH DOUGLAS ROAD SUITE 6 CORAL GABLES, FL 33134	Mailing Address 1114 SOUTH DOUGLAS ROAD SUITE 6 CORAL GABLES, FL 33134
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2. Principal Place of Business 1114 South Douglas Rd.	3. Mailing Address 1114 South Douglas Rd.
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Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
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City & State Coral Gables, Florida	City & State Coral Gables, Florida
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Zip 33134	Country USA	Zip 33134	Country USA
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03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1068917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  AGRAMUNT, LUIS 1114 S. DOUGLAS ROAD SUITE 6 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1114 S. DOUGLAS ROAD, SUITE 6 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Agramunt, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LUIS AGRAMUNT 04/15/2006 (305) 448-3027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #