

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009648

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** PROFESSIONAL BASEBALL ACADEMY, LLC

**Current Principal Place of Business:**

5370 NORTHWEST 183RD STREET  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5370 NORTHWEST 183RD STREET  
OPA LOCKA, FL 33055

**New Mailing Address:**

**FEI Number:** 14-1906997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASANOVA, PAUL  
Address: 5370 NORTHWEST 183RD STREET  
City-St-Zip: OPA LOCKA, FL 33055

Title: MGR ( ) Delete  
Name: STENNETT, RENALDO A  
Address: 5370 NORTHWEST 183RD STREET  
City-St-Zip: OPA LOCKA, FL 33055

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** PAUL CASANOVA

MGR

01/05/2005

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