
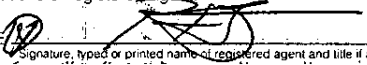



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 048 ****50.00

DOCUMENT # L01000021195 1. Entity Name SECON SPORTS, LLC			
Principal Place of Business 4912 POST ROAD MELBOURNE, FL 32935		Mailing Address 3611 DEER LAKES DR MELBOURNE, FL 32940	
2. Principal Place of Business Suite, Apt. #, etc. 2087-A Sarno Rd Melbourne 32935		3. Mailing Address Suite, Apt. #, etc. 2087-A Sarno Rd Melbourne 32935	
4. FEI Number 90-0001317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08112004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PALACIOS, FERNANDO M ESQ 1526 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent BERACASA, Reinaldo L 2087-A Sarno Rd Melbourne FL 32935	
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  DATE 8/11/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MESAS, REINALDO LEON B STREET ADDRESS 3611 DEER LAKES DR. CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE President NAME BERACASA, Reinaldo L STREET ADDRESS 2087-A Sarno Rd CITY-ST-ZIP Melbourne, FL 32935	<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
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
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 		Date 8/11/04 Daytime Phone # 321-917-0562	