

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016147

FILED
Jan 25, 2005
Secretary of State

Entity Name: 1972 PERFECT SEASON TEAM 17-0 ENTERPRISES, LLC

Current Principal Place of Business:

2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 46-0495990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEW E. MORRALL, P.A.
2850 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33311 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: ANDERSON, RICHARD P
Address: 7751 SW 62 AVENUE STE 200
City-St-Zip: MIAMI, FL 33143 US

Title: MGR () Delete
Name: MORRALL, MATTHEW E
Address: 2850 N. ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR () Delete
Name: FLEMING, MARVIN
Address: 909 HOWARD STREET
City-St-Zip: MARINA DEL REY, CA 90292 US

ADDITIONS/CHANGES:

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

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: MATTHEW E. MORRALL

MGR

01/25/2005

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