


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026047 1. Entity Name GALLO SPORTS AGENCY LLC	
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Principal Place of Business 7816 N MARIGOLD AVE TAMPA, FL 33614	Mailing Address 7816 N MARIGOLD AVE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-LLC CR2ED83 (11/05)

4. FEI Number 39-1641208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALCINES, EDUARDO F
7816 N MARIGOLD AVE
TAMPA, FL 33614**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rebratating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000483092
04/11/06-80102-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	CALCINES, EDUARDO F
NAME	
STREET ADDRESS 7816 N MARIGOLD AVE	
CITY-ST-ZIP TAMPA, FL 33614	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE: *Eduardo F. Calcines* 3/23/06 (813) 884-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #