

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027545

FILED
May 02, 2005
Secretary of State

Entity Name: MEDEVENTURES SPORTS PERFORMANCE, LLC

Current Principal Place of Business:

1340 U.S. HIGHWAY ONE, SUITE 203
JUPITER, FL 33469

New Principal Place of Business:

810 SATURN ST.
SUITE 16-420
JUPITER, FL 33477

Current Mailing Address:

1340 U.S. HIGHWAY ONE, SUITE 203
JUPITER, FL 33469

New Mailing Address:

6478 PUTNAM FORD RD
SUITE 127
JUPITER, FL 33477

FEI Number: 04-3722876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, ROBERT A
1340 US HIGHWAY ONE, SUITE 203
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

MILLER, ROBERT A
810 SATURN ST.
SUITE 16-420
JUPITER, FL 33477 US

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:

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MILLER, ROBERT A
Address: 1340 U.S. HIGHWAY ONE, STE. 203
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, ROBERT A
Address: 810 SATURN STREET
City-St-Zip: JUPITER, FL 33477

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: ROBERT A. MILLER

MGR

05/02/2005

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