

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029507

FILED
Feb 02, 2004
Secretary of State

Entity Name: SPORT & STUDY, L.L.C.

Current Principal Place of Business:

401NW 16 TH STREET
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

401 NW 16 TH STREET
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, LARRY J P.A.
888 SOUTHEAST THIRD AVENUE, STE. #400
FORT LAUDERDALE, FL 33316 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: FLEURIAN, SYLVIE
Address: 410 NW 16 TH STREET
City-St-Zip: BOCA RATON, FL 33432 FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLEURIAN, SYLVIE
Address: 410 NW 16 TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Change (X) Addition
Name: TOURNEMIRE, THIERRY
Address: 410 NW 16 TH STREET
City-St-Zip: BOCA RATON, FL 33432 FL

Title: MGR () Change (X) Addition
Name: JULIAN, PASCAL
Address: 410 NW 16 TH STREET
City-St-Zip: BOCA RATON, FL 33432 FL

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: FLEURIAN

MGR

02/02/2004

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