

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032960

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SPORTS REVENUE & ENTERPRISES, L.L.C.

## Current Principal Place of Business:

44 SANDPIPER ROAD  
TAMPA, FL 33609

## New Principal Place of Business:

21203 CORNERSTONE DRIVE  
YARDLEY, PA 19067

## Current Mailing Address:

44 SANDPIPER ROAD  
TAMPA, FL 33609

## New Mailing Address:

21203 CORNERSTONE DRIVE  
YARDLEY, PA 19067

FEI Number: 02-0649623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNS, DOUGLAS J  
2963 GULF TO BAY BLVD #120  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

SPECTOR, GADON & ROSEN LLP  
360 CENTRAL AVENUE  
SUITE 1550  
ST. PETERSBURG, FL 33701 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: NIKKI SOBEL

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NOLDE, BARY  
Address: 44 SANDPIPER RD  
City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Delete  
Name: CULPEPPER, BRAD  
Address: 136 W DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Delete  
Name: BLUMBERG, JOEL  
Address: 2790 BAY BREEZE TR  
City-St-Zip: LARGO, FL 33770

Title: MGR (X) Delete  
Name: MCFARLAND, ANTHONY  
Address: 12014 MARBLE HEND DR  
City-St-Zip: TAMPA, FL 33626

Title: MGR (X) Delete  
Name: JOHNSON, BRAD  
Address: 6617 HEARTLAND CR  
City-St-Zip: PENSACOLA, FL 32512

Title: MGR (X) Delete  
Name: GRIES, BOB  
Address: 2620 S. PARKVIEW ST  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NOLDE, BART  
Address: 21203 CORNERSTONE DRIVE  
City-St-Zip: YARDLEY, PA 19067

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

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

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 Chapter 119, 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: BART NOLDE

MGR

04/27/2006

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