

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005150

FILED
Apr 28, 2004
Secretary of State

Entity Name: CITY STARS SPORTS LLC

Current Principal Place of Business:

16783 N.W 14 COURT
PEMBROKE PINTES, FL 33028

New Principal Place of Business:

16783 N.W 14 COURT
PEMBROKE PINES, FL 33028

Current Mailing Address:

16783 N.W 14 COURT
PEMBROKE PINTES, FL 33028

New Mailing Address:

16783 N.W 14 COURT
PEMBROKE PINES, FL 33028

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

Name and Address of Current Registered Agent:

MOLEIRO, MIGUEL L
16783 N.W 14 COURT
PEMBROKE PINTES, FL 33028 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: MGRM () Delete
Name: MOLEIRO, MIGUEL L
Address: 16783 N.W 14 COURT
City-St-Zip: PEMBROKE PINTES, FL 33028

Title: MGRM () Delete
Name: MOLEIRO, YAJAIRA L
Address: 16783 N.W 14 COURT
City-St-Zip: PEMBROKE PINTES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOLEIRO, MIGUEL L
Address: 16783 N.W 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM (X) Change () Addition
Name: MOLEIRO, YAJAIRA L
Address: 16783 N.W 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

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: MIGUEL L. MOLEIRO

MGRM

04/28/2004

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