


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90037 021 \*\*\*\*55.00

<b>DOCUMENT # L03000006521</b>	
1. Entity Name <b>BENJAMIN SPORTS LLC</b>	

Principal Place of Business <b>1455 MARTINIQUE COURT #6511 WESTON, FL 33326</b>	Mailing Address <b>1455 MARTINIQUE COURT #6511 WESTON, FL 33326</b>
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**24083298**



2. Principal Place of Business <b>2125 HACIENDA TERRACE</b>	3. Mailing Address <b>2125 HACIENDA TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08312004 Chg-LLC CR2E083 (10/03)

City & State <b>WESTON, FLORIDA</b>	City & State <b>WESTON, FLORIDA</b>
Zip <b>33327</b>	Country <b>BROWARD</b>
Zip <b>33327</b>	Country <b>BROWARD</b>

4. FEI Number <b>26-006-1497</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ERBACH, SHARRY 1455 MARTINIQUE COURT #6511 WESTON, FL 33326</b>
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7. Name and Address of New Registered Agent Name <b>ROSARIO FERLISI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2125 HACIENDA TERRACE</b> City <b>WESTON</b> FL Zip Code <b>33327</b>
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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 <u>Rosario Ferlisi</u> DATE <u>8-31-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Rosario Ferlisi</u> <b>ROSARIO FERLISI</b> 8/31/04	

954-389-9811