

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015434

1. Entity Name
RENEGADE SPORTS CENTER LLC



Principal Place of Business
**2603 BAYLEAF CT
PANAMA CITY, FL 32405**

Mailing Address
**P.O. BOX 123
PANAMA CITY, FL 32405**



01292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1208185

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HITCHCOCK, WALLACE L
2603 BAYLEAF CT
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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

Wallace L Hitchcock

[Signature]

2-8-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000229602
02/15/05-80005-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HITCHCOCK, WALLACE L
2603 BAYLEAF CT
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HITCHCOCK, NANETTE B
2603 BAYLEAF CT
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

2-8-05

8508462158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #