


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90003 019 \*\*\*\*50.00

**DOCUMENT # L03000027460**

1. Entity Name  
**MIAMI SOCCER SPORTS, LLC**



Principal Place of Business  
**10297 BOCA SPRING DRIVE**  
**BOCA RATON, FL 33428 US**

Mailing Address  
**10297 BOCA SPRING DRIVE**  
**BOCA RATON, FL 33428 US**

2. Principal Place of Business  
**10297 BOCA SPRING DR**  
 Suite, Apt. #, etc.


3. Mailing Address  
**10297 BOCA SPRING DR**  
 Suite, Apt. #, etc.

City & State  
**BOCA RATON FL 334**

City & State  
**BOCA RATON FL**

Zip  
**33428** Country  
**USA**

Zip  
**33428** Country  
**USA**



04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**55-0858968**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARBERS, ROBERT H III**  
**10297 BOCA SPRING DRIVE**  
**BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **Robert H Harbers III** DATE **4/17/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARBERS, ROBERT H III	
STREET ADDRESS	10297 BOCA SPRING DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Robert H Harbers III** DATE **4/17/04** DAYTIME PHONE # **561 470 1808**

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