


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90032 036 \*\*\*\*50.00

<b>DOCUMENT # L03000028177</b> 1. Entity Name <b>WILLIAMS SPORTS GROUP, LLC</b>					
Principal Place of Business <b>3741 SOUTHERN HILLS DRIVE JACKSONVILLE, FL 32225</b>			Mailing Address <b>3741 SOUTHERN HILLS DRIVE JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>20-0077459</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP. 200 LAURA STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>PRES/MEMBER</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRED M. WILLIAMS</b>		NAME		
STREET ADDRESS	<b>3741 SOUTHERN HILLS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>		CITY-ST-ZIP		
TITLE	<b>V.P./SEC/MEMBER</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MELVIN O. CARTER</b>		NAME		
STREET ADDRESS	<b>305 PORPOISE PT. DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32085</b>		CITY-ST-ZIP		
TITLE	<b>V.P./TREAS./MEMBER</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLARENCE H. BROWN, JR.</b>		NAME		
STREET ADDRESS	<b>1525 ROMNEY ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Fred M. Williams</i>			<b>4-13-04</b> <b>904-928-0220</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		