2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 02, 2006 08:00 Al Secretary of State DOCUMENT # L03000028177 1. Entity Name WILLIAMS SPORTS GROUP, LLC Mailing Address Principal Place of Business 1275 COUNTY RD 210 W JACKSONVILLE FL 32259 1275 COUNTY RD 210 W JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0077459 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F&L CORP. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE FL 32202 JAN 1 8 2000 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, typed or printed hame of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE ☐ Delete TITLE ☐ Change Addition U0000055926 NAME NAME WILLIAMS, FRED M 05/17/06-80130-007 50.00 STREET ADDRESS STREET ADDRESS 3741 SOUTHERN HILLS DRIVE CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-7IP ☐ Addiii ☐ Change TITLE **VPS** ☐ Delete TITLE NAME CARTER, MELVIN O NAME STREET ADDRESS STREET ADDRESS 305 PORPOISE PT. DRIVE CITY - ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE FL 32085 ☐ Change ☐ Add® ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change M Addis ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addissin TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP A.Larri ☐ Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

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

SIGNATURE

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