

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/**

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-29-2008 90103 044 ***138.75

DOCUMENT # L03000028177	
1. Entity Name WILLIAMS SPORTS GROUP, LLC	

Principal Place of Business 1275 COUNTY RD 210 W JACKSONVILLE FL 32259	Mailing Address 1275 COUNTY RD 210 W JACKSONVILLE FL 32259
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
- F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202		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 *Ray Williams* Pres. *2-7-08*
Signature required for change of registered agent and the corporation (NOTE: Registered agent's signature is required when changing agent)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, FRED M 3741 SOUTHERN HILLS DRIVE JACKSONVILLE FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARTER, MELVIN O 305 PORPOISE PT. DRIVE SAINT AUGUSTINE FL 32085 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Ray Williams* *3-17-08 (904) 826-0101*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dept. of State