

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029214

FILED
Jul 28, 2006
Secretary of State

Entity Name: EXTREME STUNT & TUMBLE, LLC

Current Principal Place of Business:

2122 HEDGEROW CIR
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

2122 HEDGEROW CIR
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 35-2213524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOUSE, JERALD E
2122 HEDGEROW CIR
OCOE, FL 34761 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOUSE, JERALD E
Address: 2122 HEDGEROW CIR
City-St-Zip: OCOE, FL 34761 US

Title: MGR () Delete
Name: WILLIAMS, ROSS
Address: 5255 SAN PAULO STREET
City-St-Zip: ORLANDO, FL 32807 US

Title: MGR () Delete
Name: FOLAYAN, BENJAMIN
Address: 6658 CHANTRY STREET
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERALD HOUSE

MGR

07/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date