


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000034889</b> 1. Entity Name JACARANDA SPORTS MARKETING & MANAGEMENT, LLC	
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Principal Place of Business 1251 NW 101ST WAY PLANTATION, FL 33322 US	Mailing Address 1251 NW 101ST WAY PLANTATION, FL 33322 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0221157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  TUCKER, ALBERT A 1251 NW 101ST WAY PLANTATION, FL 33322
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TUCKER, ALBERT A 1251 NW 101ST WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUCKER, CAROLINE A 1251 NW 101ST WAY PLANTATION, FL 33322
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<p>000000340005 04/28/05-80099-013 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Albert Tucker ✓ 4/26/05 954 292-1454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #