

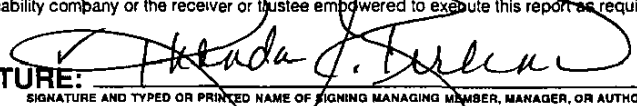


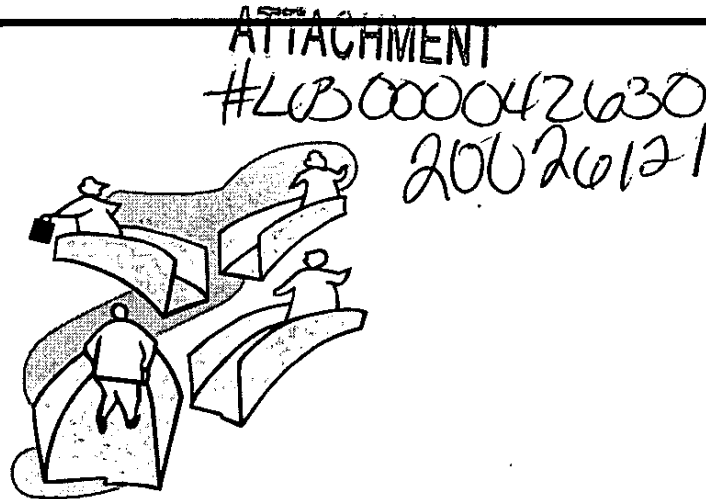
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90418 030 \*\*\*\*\*50.00

<b>DOCUMENT # L03000042630</b> 1. Entity Name <b>MAJOR LEAGUE OF LEE COUNTY, L.L.C.</b>					
Principal Place of Business <b>11000 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912</b>			Mailing Address <b>11000 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912</b>		
2. Principal Place of Business <b>12344 Treeline Ave. Suite #6 Fort Myers, FL 33913 Lee</b>		3. Mailing Address <b>12344 Treeline Ave. Suite 6 Fort Myers, FL 33913 Lee</b>			
4. FEI Number <b>20-0356156</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02162005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>BERLINER, RHONDA E 1357 SE 3 AVENUE POMPANO BEACH, FL 33060</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLE, JOHN E 11210 BENT PINE DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOXHAM, NORMAN R 1860 CARONATA DRIVE ALVA, FL 33920	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TROMBLEY, BARBARA 15800 GLEN ISLE WAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TROMBLEY, MICHAEL 15800 GLEN ISLE WAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERLINER, RHONDA E 1357 SE 3 AVENUE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> 			Date <b>4/3/05</b> <b>1954-</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

448-9212



**We've Moved!!!!**

**Major League of Lee County, LLC. has a new  
mailing address effective immediately:**

**C/O John Cole  
12344 Treeline Avenue, Suite #6  
Fort Myers, Florida, 33913**

**If you should have any questions, please  
contact John Cole at (239) 277-7296 or Norm  
Bloxham at (239) 728-2143.**

**Please make a note of the changes and notify  
all affected parties within your organization.**