


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90175 046 \*\*\*150.00

<b>DOCUMENT # L03000042806</b>	
<b>1. Entity Name</b> TICKET SPORTSBAR LLC	

<b>Principal Place of Business</b> 7250-B PLANTATION RD. PENSACOLA, FL 32514	<b>Mailing Address</b> 9865 BOBWHITE WAY PENSACOLA, FL 32504
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<b>2. Principal Place of Business</b> 7250-B PLANTATION RD Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5618 HIGHLAND LAKE DR. Suite, Apt. #, etc.
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<b>City &amp; State</b> PENSACOLA FL	<b>City &amp; State</b> MILTON FL
<b>Zip</b> 32504	<b>Zip</b> 32583
<b>Country</b> USA	<b>Country</b> USA



01052005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 27-0031871 APPLIED FOR	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> NICOLA, SCOTT 9865 BOBWHITE WAY PENSACOLA FL, FL 32504
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<b>7. Name and Address of New Registered Agent</b> Name NICOLA, SCOTT Street Address (P.O. Box Number is Not Acceptable) 5618 HIGHLAND LAKE DR. City MILTON FL Zip Code 32583
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> NICOLA, SCOTT 9865 BOBWHITE WAY PENSACOLA, FL 32504 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> NICOLA SCOTT 5618 HIGHLAND LAKE DR. MILTON FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> HOFSTETTER, TODD S 7150 PLANTATION RD #225 PENSACOLA, FL 32514 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> HOFSTETTER, TODD 4600 NORTHPOINT CIRCLE PENSACOLA FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>2-8-05</b> Date	<b>850-393-0503</b> Daytime Phone #
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