



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90044 005 \*\*\*\*50.00

<b>DOCUMENT # L03000045460</b> 1. Entity Name <b>EXECUTIVE SPORTS, LLC</b>					
Principal Place of Business <b>C/O KEVIN CURTIS 14291 FLORA LANE WELLINGTON, FL 33414</b>			Mailing Address <b>C/O KEVIN CURTIS 14291 FLORA LANE WELLINGTON, FL 33414</b>		
2. Principal Place of Business <b>6078 Braidwood Bend</b> Suite, Apt. #, etc.		3. Mailing Address <b>1720 Marsh Hill Rd</b> Suite, Apt. #, etc. <b>Suite 8 # 321</b>			
City & State <b>Acworth, GA</b> Zip <b>30101</b> Country <b>USA</b>		City & State <b>Acworth, GA</b> Zip <b>30101</b> Country <b>USA</b>		4. FEI Number <b>30-0215348</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04132006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent <b>WERKSMAN, ALAN J ESQ. 2650 N. MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGR CURTIS, KEVIN 14291 FLORA LANE WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CURTIS, KEVIN 6078 Braidwood Bend Acworth, GA 30101</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>KEVIN CURTIS</b> <b>4/12/06</b> <b>770-792-6676</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					