
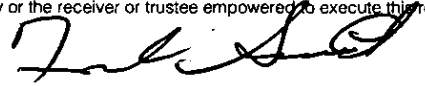


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90141 019 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L03000053815</b><br>1. Entity Name<br><b>SOUTH FLORIDA PERFORMANCE, LLC</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>18728 S.W. 107 AVENUE<br/>MIAMI, FL 33157</b>   |  |  | Mailing Address<br><b>18728 S.W. 107 AVENUE<br/>MIAMI, FL 33157</b>   |   |  |
| 2. Principal Place of Business<br><b>18728 S.W. 107 Ave.</b>  |  | 3. Mailing Address<br><b>18728 S.W. 107 Ave</b>              |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>MIAMI, Florida</b>   |  | City & State<br><b>MIAMI, Florida</b>                        |   | 4. FEI Number<br><b>05-0725605</b>  |  |
| Zip<br><b>33157</b>   |  | Country<br><b>USA</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00</b> Additional Fee Required                        |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEITZMAN, JACK L<br/>9190 SUNSET DRIVE<br/>MIAMI, FL 33173</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>JACK L WEITZMAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9190 sunset Drive</b><br>City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33173</b> |   |  |
| 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.<br>SIGNATURE <b>JACK WEITZMAN</b> DATE <b>7/13/04</b><br><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<br/>Due by September 8, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>GARDNER, EARNIE L<br/>8805 OVERSEAS HIGHWAY, PMB 10-162<br/>ISLAMORADA, FL 33036</b> | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>SMITH, FRANK<br/>8250 S.W. 193RD STREET<br/>MIAMI, FL 33157</b>                      | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>07-12-04</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |   | <small>Date Daytime Phone #</small>   |  |



07022004 Chg-LLC CR2E083 (10/03)