FILED
Apr 27, 2005 8:00 am
Secretary of State
02-03-2005 90113 044 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016075

1. Entity Name
STRIKER SPORTS, LLC

Principal Place of Business	Mailing Address
230 E. FOOTHILL AVE. MONROVIA, CA 91016	230 E. FOOTHILL AVE. MONROVIA, CA 91016

01182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4165 Dow Rd	P.O. Box 400
Suite, Apt. #, etc.: Unit 36	Suite, Apt. #, etc.:
City & State: Melbourne, FL	City & State: Shaver Lake, CA
Zip: 32934 Country:	Zip: 93664 Country:

4. FEI Number: 20-0818089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKS, ROBERT 310 CASSIA BLVD. SATELLITE BEACH, FL 32937	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL 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: ______ DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Albert Provence 42048 Rock Shelf Ln Po Box 400 Shaver Lake, CA 93664 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

TITLE →

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: [signature] 1-19-05 559-841-7206
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative / Date / Daytime Phone #