2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90026 001 ***138.75

Name and Address of December Name Address No P.O. Box	DOCUMENT # L04000028423 1. Entity Name SCHUMACKER COLORADO BOWLING, LLC						04-30-2008	90026 0	001 ***13	38.75
Suite, Apt. 4, etc.	4380 OAKES ROAD 802		4380 OAKES ROAD 802			ain aibh asin asm san	1 24 00 (140)	u siele nêse ini	eal In (ea)	
City & State	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-LLC	CR2E08	33 (12/06)		
Country	City & State		City & State						•	
STRICKROOT, JOHN C ESQ 100 S.E. 2ND STREET. 17TH FLOOR Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box N	Zip	Country Zip C		Coun	try	5 Certificate of Status Degired \$5:00 Addition			itional	
STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Size Color					Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am namiliar with , and accept the obligations of registered agent. SIGNATURE	100 S.E. 2ND STREET, 17TH FLOOR				Street Address	P.O. Box Number is Not Acceptable)			•	
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE PILE NOWNII FEE IS \$13.87.87 S. MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE D	MIMIMI, FL	33131								
SIGNATURE Signat					City			FL	Zip Code	Ð
FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 SCHUMACKER, JOSEPH SIRET ADDRESS CITY-ST-2P TITLE NAME			or the purpose of changing its	register	ed office or registe	red agent, or both	n, in the State of Flo	orida. Iam f	amiliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE D SCHUMACKER, JOSEPH Delete MANAGERS 10. ADDITIONS / CHANGES MANAGERS MANAGER	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when remstating)		DATE		
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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 emovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH JUNE SIGNATURE AND APPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-846-840c