

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028746

FILED
Jun 09, 2006
Secretary of State

Entity Name: FIVE STAR BASEBALL CAMPS, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
301
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

17490 S. W. 83 AVENUE
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 26-4836349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TRACEY S ESQ.
2199 PONCE DE LEON BLVD.
301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TRACY BROWN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENDERSON, WILLIAM T JR.
Address: 17490 S. W. 83 AVENUE
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGR () Delete
Name: FABREGAS, JORGE
Address: 2199 PONCE DE LEON BLVD., STE 301
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: CASTELLANOS, EMIL
Address: 2199 PONCE DE LEON BLVD., STE 301
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE FABREGAS

MGR

06/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date