

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000040609

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** SPACE COAST SPORTS ENTERTAINMENT, L.L.C.

**Current Principal Place of Business:**

2091 NORTH HARBOR CITY BLVD.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2091 NORTH HARBOR CITY BLVD.  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 13-4283619      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SULLIVAN, MICHAEL G  
2091 NORTH HARBOR CITY BLVD.  
MELBOURNE, FL 32935      US

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:** MICHAEL G SULLIVAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SULLIVAN, MICHAEL G  
**Address:** 52 DRIFTWOOD LANE  
**City-St-Zip:** SOUTH YARMOUTH, MA 02664

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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:** MICHAEL G SULLIVAN

**PRES**

**10/11/2005**

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