


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90017 036 ****50.00

DOCUMENT # L04000043748		
1. Entity Name PLAYMAKERS INTERNATIONAL, LLC		

20063413



Principal Place of Business 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179	Mailing Address P.O. BOX 07508 FORT MYERS, FL 33919-0500
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1611 NE Miami Gardens Drive Suite, Apt. #, etc. Suite 209	07072005 Chg-LLC CR2E083 (10/03)
City & State	City & State Aventura, FL	4. FEI Number
Zip	Country 33179 USA	Applied For <input checked="" type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CUSTODIO, MARCIA E 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSTODIO, MARCIA E 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIZ, ALFIE 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICALDONE, DANIELA 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, LUKE 1611 NE MIAMI GARDENS DRIVE, SUITE 209 AVENTURA, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marcia Custodio 7-7-05 786-267-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #