2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

indicated on this report is true and acclimited liability company or the receiver

SIGNATURE

May 08, 2008 8:00 am Secretary of State DOCUMENT # L04000045540 1. Entity Name SPORTS FUNDING 5, LLC 05-08-2008 90105 048 ***277.50 Principal Place of Business Mailing Address 2620 S. PARKVIEW ST. 2620 S. PARKVIEW ST. TAMPA, FL -33629 TAMPA, FL 33629 04212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3567607 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIES, ROBERT DO NOT WRITE 2620 S. PARKVIEW ST. TAMPA, FL 33629 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE GRIES, ROBERT NAME STREET ADDRESS 2620 S. PARKVIEW ST. CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

olied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information use 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 provided empowered to execute this report as required by Chapter 608, Florida Statutes.

Typed or printed name of signing managing member, or authorized representative

FILED