2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068189

Entity Name: TAILGATERS SPORTS BAR, LLC

FILED Mar 24, 2005 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

5775 SPRINGHAVEN DRIVE

1413 S ORANGE AVENUE

ORANGE PARK, FL 32065 GREEN COVE SPRINGS, FL 32043

Current Mailing Address: New Mailing Address:

5775 SPRINGHAVEN DRIVE ORANGE PARK, FL 32065

FEI Number: 20-1635153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCMILLIN, JULIE E 5775 SPRINGHAVEN DRIVE ORANGE PARK, FL 32065 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MCMILLIN, JULIE E
 Name:

 Address:
 5775 SPRINGHAVEN DRIVE
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32065
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CLARK, DANNY G
 Name:

 Address:
 540 HWY 16 EAST
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CLARK, MARTHA S
 Name:

 Address:
 540 HWY 16 EAST
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 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: JULIE E. MCMILLIN MGRM 03/24/2005