

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068189

Entity Name: TAILGATERS SPORTS BAR, LLC

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

2893 PLAINWOOD PLACE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

2893 PLAINWOOD PLACE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-1635153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLIN, JULIE E
2893 PLAINWOOD PLACE
GREEN COVE SPRINGS, FL 32043 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMILLIN, JULIE E
Address: 5775 SPRINGHAVEN DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: CLARK, DANNY G
Address: 540 HWY 16 EAST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: CLARK, MARTHA S
Address: 540 HWY 16 EAST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCMILLIN, JULIE E
Address: 2893 PLAINWOOD PLACE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: JULIE MCMILLIN

MGRM

02/07/2006

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