## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # L04000075693 05-04-2006 90024 011 \*\*\*\*50.00 SPORTS & ENTERTAINMENT INTERNATIONAL, LLC Principal Place of Business Mailing Address 3700 AIRPORT ROAD 3700 AIRPORT ROAD SUITE 301 BOCA RATON FL 33431 SUITE 301 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-1884010 Not Applicable Zip Country (... Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLODGETT, PAUL A Street Address (P.O. Box Number is Not Acceptable) 3700 AIRPORT ROAD SUITE 301 **BOCA RATON FL 33431** City Zip Code 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 Signature, typed or printed riarhe of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITLE MGRM ☐ Change ☐ Addition BLODGETT, PAUL A NAME 3700 AIRPORT ROAD, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE TITLE Change Addition NAME MCNAMARA, PATRICK L NAME STREET ADDRESS 3700 AIRPORT RD, STE 301 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-Z#P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and focurate 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 regeiver or myster-empowered in execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED

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