


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000086448</b> 1. Entity Name <b>AUTOGRAPH GOLF BALL, LLC</b>	
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Principal Place of Business <b>1648 RIVER BIRCH AVENUE OVIEDO, FL 32765</b>	Mailing Address <b>1648 RIVER BIRCH AVENUE OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



01162007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>02-0744033</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PORTER, ROBERT 1648 RIVER BIRCH AVENUE OVIEDO, FL 32765</b>
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**DO NOT WRITE  
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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PORTER, ROBERT 1648 RIVER BIRCH AVENUE OVIEDO, FL 32765</b>
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03/02/07-80008-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/15/07 407.314.1725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #