


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90305 043 \*\*\*\*50.00

DOCUMENT # L04000091741					
1. Entity Name EURO SPORTS, LLC					
Principal Place of Business 4087 WATERVIEW LOOP WINTER PARK, FL 32792			Mailing Address 4087 WATERVIEW LOOP WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEBAISE, ARTHUR J 4087 WATERVIEW LOOP WINTER PARK, FL 32792			Name <i>Hendry, Stoner, Calandrino + Brown, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>20 N. ORANGE AVENUE</i> <i>SUITE 600</i> City <i>Orlando</i>		
			FL <i>32801</i>		
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. <i>Hendry, Stoner, Calandrino + Brown, P.A.</i>					
SIGNATURE <i>By: [Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBAISE, ARTHUR J 4087 WATERVIEW LOOP WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i>				2/28/07 475393955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	