FILED
May 02, 2006 8:00 am
Secretary of State
02-13-2006 90189 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010559

1. Entity Name
STONEY'S SPORTS CAFE, LLC

Principal Place of Business	Mailing Address
625 TRAVERS AVENUE FORT MYERS, FL 33919	625 TRAVERS AVENUE FORT MYERS, FL 33919

30006736

01132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
21253 Stoneybrook Golf Blvd		9044 Prosperity Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Estero, FL		City & State: Fort Myers, FL	
Zip: 33928	Country: USA	Zip: 33913	Country: USA

4. FEI Number 202261639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSAN HOLLY, CPA, PA
21300 LANCASTER RUN
SUITE 921
ESTERO, FL 33928

VOID/DELETE

7. Name and Address of New Registered Agent

Name: Mary Streetzel
Street Address (P.O. Box Number is Not Acceptable): 13893 Grenada Way
City: Ft. Myers, FL FL Zip Code 33905

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 ________ 4/9/6
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPAGNOLO, ROGER 625 TRAVERS AVENUE FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWOOD, BRUCE 21301 LANCASTER RUN, UNIT 914 ESTERO, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harwood, Bruce 12417 Greenstone Ct Fort Myers FL 33913	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: March 5, 2006

Bruce Harwood ← See address change above