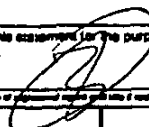


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

02-13-2006 90189 046 ****50.00

DOCUMENT # L05000010559			
1. Entity Name STONEYS SPORTS CAFE, LLC			
Principal Place of Business 625 TRAVERS AVENUE FORT MYERS, FL 33919		Mailing Address 625 TRAVERS AVENUE FORT MYERS, FL 33919	
2. Principal Place of Business 21253 STONEY BROOK WOLF BLVD		3. Mailing Address 9044 PROSPERITY WAY	
City & State ESTERO, FL		City & State FORT MYERS, FL	
Zip 33928		Country USA	
4. FEI Number 202261639		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Requested ☐	
6. Name and Address of Current Registered Agent SUEAN HOLLY, CPA, PA 21300 LANCASTER RUN SUITE 621 ESTERO, FL 33928		7. Name and Address of New Registered Agent MARY SKETZEL 13993 GRENADA WAY FORT MYERS, FL 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 		DATE 4/9/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
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