

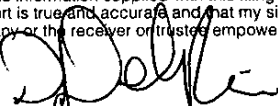


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90089 019 \*\*\*143.75

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L05000026550</b><br>1. Entity Name<br><b>F&amp;D SPORTSBARS, LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>ROCK-N-SPORT BAR</b><br><del>1811 N 15TH STREET</del><br><b>TAMPA, FL 33605</b>  |  |  | Mailing Address<br><del>1811 N 15TH ST</del><br><b>TAMPA, FL 33605</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1600 E 8TH AVENUE</b><br>Suite, Apt. #, etc.<br><b>E200</b>   |  | 3. Mailing Address<br><b>1600 E 8TH AVENUE</b><br>Suite, Apt. #, etc.<br><b>E200</b>                       |  | <b>50007253</b><br>                                |  |
| City & State<br><b>TAMPA FL 33605</b>  |  | City & State<br><b>TAMPA FL</b>  |  | 4. FEI Number<br><b>33-1113962</b>   |  |
| Zip<br><b>33605</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                           |  |
| 6. Name and Address of Current Registered Agent<br><b>EASTLING, FRANJA K</b><br><b>13423 WHITE ELK LOOP</b><br><b>TAMPA, FL 33626</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>Due by September 12, 2008</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>EASTLING, FRANJA K<br>13423 WHITE ELK LOOP<br>TAMPA, FL 33626      |  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DEL RICCIO, DEAN J<br>4617 GATEWAY BLVD<br>WESLEY CHAPEL, FL 33543 |  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STREET ADDRESS<br>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. |  |  |  |  |  |
| <b>SIGNATURE:</b>  <b>6/8/08</b><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |  |  |  |