


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 022 ***138.75

DOCUMENT # L05000028259	
1. Entity Name BLACK WATCH SPORTS PERFORMANCE I, LLC	

Principal Place of Business 588 LANARKSHIRE PLACE APOPKA FL 32712	Mailing Address 588 LANARKSHIRE PLACE APOPKA FL 32712
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2. Principal Place of Business - No P.O. Box # 556 Florida Central Pkwy	3. Mailing Address PO Box 520695
Suite, Apt. #, etc. #1028	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32750	Zip 32752
Country USA	Country USA

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> No; Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLS, ED 588 LANARKSHIRE PLACE APOPKA FL 32712	
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7. Name and Address of New Registered Agent Name ED WALLS Street Address (P.O. Box Number is Not Acceptable) 4443 SHADY ROCK CT. City APOPKA FL Zip Code 32712	
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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 Ed Walls Ed Walls OWNER (MANAGER) MAY 1, 2008 <small>Signature, typed or printed name of registered agent used if applicable (NOTE: Registered Agent signature required when resigning)</small>	
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLS, ED 588 LANARKSHIRE PLACE APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4443 SHADY ROCK CT APOPKA FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ed Walls Ed Walls MANAGER 5.1.08 407.265.9500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 5.1.08 <small>Exempted From Filing</small>
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