2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L05000030269

Entity Name: RITA CROCKETT VOLLEYBALL CAMPS AND CLINICS, LLC

Current Principal Place of Business:

4069 SHADY VIEW LN.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

4069 SHADY VIEW LN.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 52-2398559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCK-CROCKETT, RITA
4069 SHADY VIEW LN.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUCK-CROCKETT, RITA
Address: 4069 SHADY VIEW LN.
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RITA BUCK-CROCKETT MGRM 01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date