


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90018 035 ****55.00

DOCUMENT # L05000030906					
1. Entity Name BRAWL FIGHT GEAR, LLC					
Principal Place of Business 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655 US			Mailing Address 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business		3. Mailing Address 5408 St James Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State New Port Richey, FL			
Zip	Country	Zip	Country	03182006 Chg-LLC CR2E083 (11/05)	
34652	USA	34652	USA	4. FEI Number 52-2456693	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name Kelly Drew		
			Street Address (P.O. Box Number is Not Acceptable) 5408 St James Drive		
			City New Port Richey, FL		
			Zip Code 34652		
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 <u>Kelly L. Drew</u> <u>Kelly Drew, Accountant</u> <u>3-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 BACHUS, BRANDON 8234 NIGHT OWL CT NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Bachus Brandon</u> <u>3/18/06</u> <u>727-816-8847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					