2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 03, 2006 8:00 am Secretary of State **DOCUMENT # L05000033649** 1. Entity Name TRINITY SPORTS, LLC 03-03-2006 90002 009 ****55.00 Mailing Address Principal Place of Business 4722 ST. SIMON DRIVE 4722 ST. SIMON DRIVE 20012442 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 IIS 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State Not Applicable Zìp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIMPSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4722 ST. SIMON DRIVE COCONUT CREEK, FL 33073 Cîty 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ΠΠF TIDE. Delete Change ☐ Addition TIMPSON, MICHAEL NAME NAME STREET ADDRESS 4722 ST. SIMON DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP MGRM Delete TITLE Change ☐ Addition TIMPSON, EDWENA NAME STREET ADDRESS 4722 ST. SIMON DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE De!ete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 3 ITIT ☐ De!ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not quality 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.

CITY-ST-ZIP

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY: ST-ZIP

954-425-0223

FILED