


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jul 12, 2006 8:00 am
Secretary of State

05-10-2006 90062 001 ***650.00

DOCUMENT # L05000036458 1. Entity Name SPORT INVESTMENTS, LLC					
Principal Place of Business 1365 S.E. 73RD PLACE OCALA, FL 34480			Mailing Address 1365 S.E. 73RD PLACE OCALA, FL 34480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2719787			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLAUGHLIN, DONNA P 1365 S.E. 73RD PLACE OCALA, FL 34480			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 PDM TRANSPORT, INC. 511 MULBERRY STREET COLEMAN, FL 33521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 606, Florida Statutes.					
SIGNATURE: <u>Donna O. McLaughlin</u>		Date: <u>4/27/06</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					


30011730



04242006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

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