

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052197

**FILED**  
**Apr 06, 2006**  
**Secretary of State**

**Entity Name:** WORLD WRESTLING LEGENDS, LLC

**Current Principal Place of Business:**

7343 RIVER COUNTRY DRIVE  
WEEKI WACHEE, FL 34607

**New Principal Place of Business:**

17757 U.S. HIGHWAY 19 N.  
STE. 1900  
CLEARWATER, FL 33764

**Current Mailing Address:**

13225 S. SOUTHPOINT AVENUE  
FLORAL CITY, FL 34436

**New Mailing Address:**

17757 U.S. HIGHWAY 19 N.  
STE. 1900  
CLEARWATER, FL 33764

FEI Number: 20-3865103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, DEBRA K  
13225 S. SOUTHPOINT AVENUE  
FLORAL CITY, FL 34436 US

**Name and Address of New Registered Agent:**

BERMAN, KEAN & RIGUERA, P.A.  
2101 W. COMMERCIAL BLVD.  
STE. 2800  
FT. LAUDERDALE, FL 33309 US

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: RICHARD E. BERMAN, ESQ.

04/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARBEE, PETER M  
Address: 7343 RIVER COUNTRY DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARBEE, PETER M  
Address: 7343 RIVER COUNTRY DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

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: PETER M. BARBEE

MGMR

04/06/2006

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