

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072115

Entity Name: J.D. GOLF APPAREL, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

693 WEST 26TH STREET  
HIALEAH, FL 33010

## New Principal Place of Business:

692 SW 200 TERRACE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

693 WEST 26TH STREET  
HIALEAH, FL 33010

## New Mailing Address:

692 SW 200 TERRACE  
PEMBROKE PINES, FL 33029

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YESPES, JORGE E  
693 WEST 26TH STREET  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

YEPES, JORGE E  
692 SW 200 TERRACE  
PEMBROKE PINES, FL 33029 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: JORGE YEPES

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DIAZ, DANNY  
Address: 692 SW 200TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete  
Name: YEPES, JORGE E  
Address: 10371 SW 150TH PLACE  
City-St-Zip: MIAMI, FL 33196

## ADDITIONS/CHANGES:

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

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: DANNY DIAZ

MGRM

04/24/2006

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