2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000072783

TRIPLE CROWN BASEBALL, LLC



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

04-10-2006 90036 050 ****55.00

					100000	123						
Principal Place of Business 4064 AMBER LANE PALM HARBOR, FL 34685			Mailing Address 4064 AMBER LANE PALM HARBOR, FL 34685				20026	725				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042006	Chg-LLC	CR2E0	83 (11/05)			
City & State			City & State				4. FEI Numb	Po-33131		1	plied For t Applicable	
Zip Country			Zip Country					e of Status Desired	15∤	\$5.00 Add Fee Required	itional	
	6. Name	and Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent					
						Name						
ROMARY, 4064 AMBI PALM HAF	ER LANE	34685	Street Address			ldress (i	(P.O. Box Number is Not Acceptable)					
				City		<u>.</u>		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												
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signatur	re required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State					
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM ROMARY 4064 AME PALM HA	, MARK	☐ Delete	TITLI Nam Stre		•				☐ Change	Addition	
TITLE NAME	MGRM ROMARY	, MARY	☐ Delete	TITL	E					Change	Addition	
STREET ADDRESS City-St-Zip	4064 AME PALM HA	RBOR, FL 34685			ET ADDRESS -ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		1				·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	V./						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					Change	Addition	

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.

MARY ROMARY, ME MER GING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE