

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079141

1. Entity Name
SPORT MASTERS L.L.C.



Principal Place of Business
**803 MAPLE ST
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**PO BOX 2101
NEW SMYRNA BEACH, FL 32169**



07312007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3519992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELTON, AMY
803 MAPLE ST
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANCELMI, GUY 904 LOCUST ST NEW SMYRNA BEACH, FL 32169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELTON, AMY 803 MAPLES ST NEW SMYRNA BEACH, FL 32169
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09/07/07-80003-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Amy Kelton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-31-07

Date

386-423-3949

Daytime Phone #