

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 APR 13 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04132006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000085683</b> 1. Entity Name ATHLETESINC, L.L.C.																											
Principal Place of Business 860 EAGLEVIEW DRIVE TALLAHASSEE, FL 32311		Mailing Address 860 EAGLEVIEW DRIVE TALLAHASSEE, FL 32311																									
2. Principal Place of Business BOX 7614 Suite, Apt. #, etc.		3. Mailing Address BOX 7614 Suite, Apt. #, etc.																									
City & State Tallahassee, FLA Zip 32314 Country		City & State Tallahassee, FLA Zip 32314 Country																									
4. FEI Number		<input checked="" type="checkbox"/> 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 WILLS, DARRELL 860 EAGLEVIEW DRIVE TALLAHASSEE, FL 32311																									
7. Name and Address of New Registered Agent Name Matthew Couloute Jr Street Address (P.O. Box Number is Not Acceptable) 530 East Park Ave suite 103 City Tallahassee FL Zip Code 32301		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 <i>Matthew Couloute Jr</i> DATE 4/13/06 <small>(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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLS, DARRELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>860 EAGLEVIEW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32311</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	WILLS, DARRELL		STREET ADDRESS	860 EAGLEVIEW DRIVE		CITY-ST-ZIP	TALLAHASSEE, FL 32311		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MATTHEW COULOUTE JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 7614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tallahassee, Florida</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MATTHEW COULOUTE JR		STREET ADDRESS	BOX 7614		CITY-ST-ZIP	Tallahassee, Florida	
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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 608, Florida Statutes.																											
SIGNATURE <i>Matthew Couloute Jr</i> DATE 4/13/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											