2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000086806 FILED STADIUM PROPERTIES, LLC 07 APR 26 PM 5: 02 SECRETARY OF STATE Principal Place of Business P.O. BOX 20438 1311 Jackson Chapped TALLAHASSEE, FL 32376 04 TALLAHASSEE FLORIDA P.O. BOX 20438 TALLAHASSEE, FL 32316 BK 04102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0130548 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANAUSA, DANIEL E DO NOT WRITE 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE MGRM KASPER, JOSH STREET ADDRESS P.O. BOX 20438 TALLAHASSEE, FL 32316 BK CITY-ST-ZIP TITLE 600101704666 05/07/07--01022--009 **50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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: SIGNATURE AND TYPED OR DE SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

850-528-1898