2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000086806

1. Entity Name STADIUM PROPERTIES, LLC



Principal Place of Business

.

1311 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 Mailing Address

P.O. BOX 20438

TALLAHASSEE, FL 32316

FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90119 032 ***138.75

STASOUDG



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 27-0130548

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309

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8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	anging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE.			
1	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	KASPER, JOSH		
STREET ADDRESS	P.O. BOX 20438		
CITY-ST-ZIP	TALLAHASSEE, FL 32316		
TITLE			
NAME			•
STREET ADDRESS			
CITY-ST-ZIP			

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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:

TITLE
NAME
STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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URE: How I was and typed or printed name of signing managing member or authorized representative

Alan Kasper

4/14/08

850 222 9176

Daytime Ph