


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2007 8:00 am
Secretary of State

05-16-2007 90176 012 ****50.00

DOCUMENT # L05000092195 1. Entity Name ALL SPORTS MARKETING, L.L.C.	
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30012481



08022007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 13577 FEATHER SOUND DRIVE, SUITE 550 CLEARWATER, FL 33762	Mailing Address 13577 FEATHER SOUND DRIVE, SUITE 550 CLEARWATER, FL 33762
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 20-4142868	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLVER, KEVIN M 13577 FEATHER SOUND DRIVE, SUITE 550 CLEARWATER, FL 33762	7. Name and Address of New Registered Agent Name <u>Hemdan H. Beskin, III, ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>13577 Feather Sound Dr #550</u> City <u>Clearwater</u> FL Zip Code <u>33762</u>
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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] (NOTE: Registered Agent signature required when reinstating) DATE 8/2/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLEW, DELANO 13577 FEATHER SOUND DRIVE, SUITE 550 CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] DATE 8/2/07 DAYTIME PHONE # 727-726-9478