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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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02072006 Chg-LLC CR2E083 (11/05)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093240

1. Entity Name
PEACE RIVER BOXING PROMOTIONS, LLC

Principal Place of Business	Mailing Address
3300 TAMIAMI TRAIL, SUITE 102-A PORT CHARLOTTE, FL 33952	C/O GARY A KAHLE 99 NESBIT STREET PUNTA GORDA, FL 33950

2. Principal Place of Business		3. Mailing Address	
		C/O DAVID A. HOLMES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: 99 NESBIT STREET	
City & State		City & State: PUNTA GORDA, FL	
Zip	Country	Zip: 33950	Country: US

4. FEI Number: 20-3507086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHLE, GARY A
FARR FARR EMERICH HACKETT AND CARR, P.A.
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: DAVID A. HOLMES
Street Address (P.O. Box Number is Not Acceptable): FARR LAW FIRM
99 NESBIT STREET
City: PUNTA GORDA FL Zip Code: 33950

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]
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ASPERILLA, MARK O. 3300 TAMIAMI TRAIL, SUITE 102A PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TUFARIELLO, DANIEL V. 3300 TAMIAMI TRAIL, SUITE 102A PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 2/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MARK O. ASPERILLA, MANAGER