04-27-2006 90124 001 ***250.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10: 28

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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

02072006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent
KAHLE, GARY A FARR FARR EMERICH HACKETT AND CARR, P.A. 99 NESBIT STREET PUNTA GORDA, FL 33950	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, 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 ☐ Delete ASPERILLA, MARK O. 3300 TAMIAMI TRAIL, SUITE 102A PORT CHARLOTTE FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete TUFARIELLO, DANIEL V. 3300 TAMIAMI TRAIL, SUITE 102A PORT CHARLOTTE FL 33952	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: _____ 2/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MARK O. ASPERILLA, MANAGER