

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

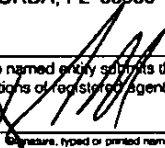
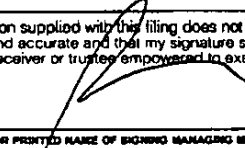
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000093240			
1. Entity Name PEACE RIVER BOXING PROMOTIONS, LLC			
Principal Place of Business 3300 TAMiami TRAIL, SUITE 102-A PORT CHARLOTTE, FL 33952		Mailing Address 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	Country
33950	US	33950	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  (NOTE: Registered Agent signature required when reappointing) 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. ☐ Delete 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 TUFARIELLO, DANIEL V. ☐ Delete 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
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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: 		Date 2/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MARK O. ASPERILLA, MANAGER			