## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT 5/: DOCUMENT #1 05000102369

## FILED Jun 12, 2006 8:00 am Secretary of State

1. Entity Name PALACE FLORIDA PROPERTIES, L.L.C.					05-05-2006 90025 015 ****50.00						
Principal Place of Business 401 CHANNELSIDE DRIVE TAMPA, FL 33602		Mailing Address 401 CHANNELSIDE DRIVE TAMPA, FL 33602		20010110							
2. Principal P	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252006	Chg-	LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Numb	El Number 59 - 3567708			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	e of Status	Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current R	legistered Agent	Name		7. Name an	d Address	of New Re	gistered	Agent		
DAVIS, PA 401 CHAN TAMPA, FI	NELSIDE DRIVE		Street Address (P			P.O. Box Number is Not Acceptable)					
			City					FL	Zip Cod		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office o	r registere	ad agent, or bo	oth, in the S	State of Flor	rida. Tam I	amiliar with,	and accept	
SIGNATURE .	Signeture, typed or printed name of registered agent at	or site if applicable. (NOTE: R	egistered Agent signat	ture required	when reinstating)			DATE			
	ling Fee is \$50.00 ue by May 1, 2006						_	check p Departme	ayable to ent of Stati	•	
9.	MANAGING MEMBER	S/MANAGERS	10.		47.47	AC	DITIONS/	CHANGES			
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	4	AGING 104 3A CHAMPIA	JS 17 17"	MANAG OR. 483	•	Change LLC	<b>⊘</b> -Addition	
CITY-ST-ZIP		☐ Delete	CITY-SI-ZIP	7050	IRN HILL	· , / · ·	700		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME	_	☐ Delete	TITLE NAME	<u>-</u> .					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADORESS						Change	Addition	
CHY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			<u></u>			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP								
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 eath; 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.  FLOSION SCORTS MANGEMENT LCC											
SIGNATURE: Ronald J. Campbell, Acs 4/25/06 813-301-6561									101-6561		

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## ATTACHMENT

## 204 STANLEYCUP CHAMPIONS

30010175

June 7, 2006

Division of Corporations Registration Section P.O. Box 6478 Tallahassee, FL 32314

RE: Corrected Annual Report Palace Florida Properties, L.L.C. Reference No. L05000102369

Dear Sirs:

Enclosed please find the corrected 2006 Eimited Liability Company Annual Report for filing on behalf of Palace Florida Properties, L.L.C., a Florida limited liability company.

This report has been corrected by the insertion of the company's FEIN, which is, pursuant to the Internal Revenue Code the same as its sole member, Florida Sports Management, LLC.

If there are any issues or problems, please call me at 813-301-6561. Thank you for your assistance.

Very truly yours,

Paul C. Davis

Vice President/General Counsel

Palace Florida Properties, L.L.C.



