## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State **DOCUMENT # L05000111047** 05-02-2006 90041 023 \*\*\*\*50.00 1. Entity Name BEISBOL DEL SUR, LLC Principal Place of Business Mailing Address 20043128 1 STEINBRENNER DRIVE 1 STEINBRENNER DRIVE TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-3809348 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIORDANO, JOHN N Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN STREET TAMPA, FL 33602 Zip Code 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change **Addition** TITLE ☐ Delete TITLE Stephen W. Swindal NAME NAME one Steinbrenner Drive STREET ADDRESS STREET ADDRESS Tampa, FL 33614 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MGRE Change Addition TITLE TITL F Felix Lovez NAME NAME One Steinbrenner Drive STREET ADDRESS STREET ADDRESS Tampa, FL 33614 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MGR Change Addition TITLE NAME Lonn trost NAME One Steinbrenner Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa, FL 33614 ☐ Defete □ Change Addition TITLE Anthony Bruno One Stinbrenner Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33614 MGK Addition ☐ Change TITLE ☐ Delete TITLE Norman Stallings, Jr. NAME NAME One Steinbrenner Drive STREET ADDRESS STREET ADDRESS CiTY+ST-7IP CITY-ST-ZIP Tampa, FL 3361-☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

- Anthony Bruno

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

4128106

813.673.3130

FILED