2007 LIMITED LIABILITY COMPANY

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2007 90350 003 ****50 00 DOCUMENT # L05000111047 1. Entity Name BEISBOL DEL SUR, LLC 4000 Mailing Address Principal Place of Business 1 STEINBRENNER DRIVE 1 STEINBRENNER DRIVE TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-3809348 Not Applicable \$5.00 Additional 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 City 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 itself applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS Я. ADDITIONS/CHANGES 10. MGRM TITLE De lete TITLE ☐ Channe Addition MEM SWINDAL, STEPHEN W NAME NAME HAROLD Z. STEINBRENNER STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS ONE STEINBRENNER DR CITY-ST-ZIP **TAMPA, FL 33614** CITY-ST-ZIP TAMPA, FL 33614 MGR TITLE De lete TITLE ☐ Change Addition NAME LOPEZ, FELIX NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CSTY - ST - ZIP TAMPA, FL 33614 CITY-ST-ZIP MGR TITLE Delete Change ☐ Addition TITLE TROST, LONN NAME NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY - ST - ZIP **TAMPA, FL 33614** CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition NAME BRUNO, ANTHONY NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP ☐ Change Addition TITI F MGR Delete TITLE NAME STALLINGS, NORMAN JR NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY - ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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 eignature 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 empty wared to execute this report as required by Chapter 608, Florida Statutes.

Anthony Bruno SIGNATURE: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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