

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112140

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: ULTIMATE SPORTS INSTITUTE, LLC

**Current Principal Place of Business:**

1600 TOWN CENTER BLVD.  
SUITE C  
WESTON, FL 33326

**New Principal Place of Business:**

20201 SADDLE CLUB ROAD  
WESTON, FL 33327

**Current Mailing Address:**

1600 TOWN CENTER BLVD.  
SUITE C  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-3820589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DESIMONE, ALFRED A  
1600 TOWN CENTER BLVD.  
SUITE C  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

SHEINBERG, ROBERT H  
1600 TOWN CENTER BLVD.  
SUITE C  
WESTON, FL 33326 US

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.

SIGNATURE: ROBERT H. SHEINBERG

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DESIMONE, ALFRED A  
Address: 1600 TOWN CENTER BLVD, SUITE C  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEINBERG, ROBERT H  
Address: 1600 TOWN CENTER BLVD, SUITE C  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT H. SHEINBERG

MGRM

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date