## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000114211

1. Entity Name

ALLSTAR HITTERS, LLC



Mailing Address

Principal Place of Business 178 JOHN KING ROAD CRESTVIEW, FL 32539

178 JOHN KING ROAD CRESTVIEW, FL 32539

**FILED** Jan 22, 2007 08:00 AM Secretary of State



01152007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 20-3364344                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

6. Name and Address of Current Registered Agent

TEW, AARON 178 JOHN KING ROAD CRESTVIEW, FL 32539

## DO NOT WRITE IN THIS SPACE

| 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 algorature required when reinstating) | DATE  |  |
| Fi<br>De   | ling Fee Is \$50.00<br>ue by May 1, 2007   |   |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>TEW, AARON<br>178 JOHN KING ROAD<br>CRESTVIEW, FL 32539  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | -  |   | 000000598593<br>01/24/07-80082-023 50.00                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | DO  | NOT WRITE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN .  | THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |   |  |
| 11. I hereby of  | certify that the information supplied with this filling does not on this report is true and accurate and that my signature shape | qualify for the exemptions contained in Chapter 11            | 9, Florida Statutes. I further certify that the information |  |

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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