


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L06000001419</b><br>1. Entity Name<br>CLUB OUT.COM, LLC |  |
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|   |   |
|---|---|
| Principal Place of Business<br>110 N.W. 5TH AVENUE<br>FORT LAUDERDALE, FL 33311 | Mailing Address<br>110 N.W. 5TH AVENUE<br>FORT LAUDERDALE, FL 33311 |
|---|---|



01082008No Chg-LLC

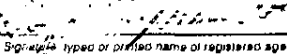
CR2E083 (12/07)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-4264059  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>LIVOTI, ANTHONY M JR.<br>721 N.E. 3RD AVENUE<br>FORT LAUDERDALE, FL 33304 |
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| 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: <br><small>Signature typed or printed name of registered agent and title if applicable</small>                                   | DATE: _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000781943  
01/15/08-80054-020 138.75

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SCHREBE, WAYNE<br>110 N.W. 5TH AVENUE<br>FORT LAUDERDALE, FL 33311 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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 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:  - TREAS. 1/10/08 (954) 563-8743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #