

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003361

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** MIXED MARTIAL ARTS OF NAPLES LLC

**Current Principal Place of Business:**

1005 SHADY REST LANE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

1005 SHADY REST LANE  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 56-2580728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REECE, MARK A  
1005 SHADY REST LANE  
NAPLES, FL 34103 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REECE, MARK A  
Address: PO BOX 12014  
City-St-Zip: NAPLES, FL 34101

Title: MGRM ( ) Delete  
Name: WALLACE, CRAFTON  
Address: 2793 POINCIANA ST  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WALLACE, CRAFTON  
Address: 1124 HIGHLAND DRIVE  
City-St-Zip: NAPLES, FL 34103

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: MARK A REECE

MGRM

04/30/2007

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