

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022169

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** SOUTHEASTERN RUGBY LEAGUE, L.L.C.

**Current Principal Place of Business:**

13047 BENTWATER DRIVE  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

13047 BENTWATER DRIVE  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 20-4416703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLOVER, ANDREW J  
13715 RICHMOND PARK DRIVE NORTH, #607  
JACKSONVILLE, FL 32224 US

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

HOWLAND, DARYL J  
13047 BENTWATER DRIVE  
JACKSONVILLE, FL 32246 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: DARYL HOWLAND

01/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOWLAND, DARYL  
Address: 13047 BENTWATER DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: SLOVER, ANDREW J  
Address: 13715 RICHMOND PARK DRIVE NORTH, #607  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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

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

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: DARYL HOWLAND

MGRM

01/06/2008

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