
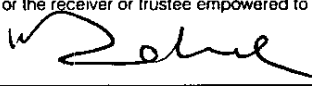


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90312 025 \*\*\*\*50.00

<b>DOCUMENT # L06000044881</b> 1. Entity Name <b>ZAKARE SPORTS &amp; FASHIONS (LLC)</b>					
Principal Place of Business <b>4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305</b>			Mailing Address <b>4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3607526</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZAKARE, MUHAMMED 2201 MONACO DRIVE TALLAHASSEE, FL 32305</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAKARE, MUHAMMED 2201 MONACO DR TALLAHASSEE, FL 32308			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLEMOH ZAKARE, STELLA 4827 CRAWFORDVILLE RD #3 TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> 				<b>5-1-07</b> 850 8776198	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	