

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047342

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA FOOTBALL PARTNERS, LLC

**Current Principal Place of Business:**

301 NE 1ST STREET  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

7800 CONGRESS AVE  
108  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

301 NE 1ST STREET  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

7800 CONGRESS AVE  
108  
BOCA RATON, FL 33487 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

DUFFY, JOHN L  
301 NE 1ST STREET  
DELRAY BEACH, FL 33483 US

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

DUFFY, JOHN L  
7800 CONGRESS AVE  
108  
BOCA RATON, FL 33487 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: JOHN DUFFY

02/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUFFY, JOHN L  
Address: 301 NE 1ST STREET  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DUFFY, JOHN L  
Address: 7800 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN DUFFY

MGR

02/28/2007

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