

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058334

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** TGT SPORTS & MARKETING LLC

**Current Principal Place of Business:**

5742 SW 165 COURT  
MIAMI, FL 33193 US

**New Principal Place of Business:**

4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

PO BOX 164151  
MIAMI, FL 33116 US

**New Mailing Address:**

FEI Number: 20-5742719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

THERILUS, THERESA  
5742 SW 165 COURT  
MIAMI, FL 33193 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELBEAU, GREG  
Address: 15617 SW 86 TER  
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM ( ) Delete  
Name: THERILUS, THERESA  
Address: 5742 SW 165 COURT  
City-St-Zip: MIAMI, FL 33193

**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: THERESA THERILUS

MGRM

05/01/2008

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