

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90098 026 ***138.75

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DOCUMENT # L06000062526					
1. Entity Name TELLURIDE SPORTS, LLC					
Principal Place of Business 2931 OLD SCENIC 98 DESTIN, FL 32541			Mailing Address 110 TRISTA TERRACE CT DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 118 Trista Terrace Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Destin		4. FEI Number 20-5086800	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
32541		US		04112008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECH, JACK 110 TRISTA TERRACE CT. DESTIN, FL 32541			Name <u>Beck, Jack</u> Street Address (P.O. Box Number is Not Acceptable) <u>118 Trista Terrace Ct</u> City <u>Destin</u> FL Zip Code <u>32541</u>		
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. SIGNATURE <u>[Signature]</u> DATE <u>4-11-08</u> <small>Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BECK, JACKIE L STREET ADDRESS 110 TRISTA TERRACE CT. CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE owner/mgr NAME Beck, Jackie L. STREET ADDRESS 118 Trista Terrace Ct CITY-ST-ZIP Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-11-08</u>		Daytime Phone # <u>850-217-6092</u>