

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064275

FILED
Apr 25, 2008
Secretary of State

Entity Name: SCOTT HEMOND SCHOOL OF BASEBALL, LLC

Current Principal Place of Business:

218 DOMINICA CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

218 DOMINICA CIRCLE E
NICEVILLE, FL 32578

Current Mailing Address:

218 DOMINICA CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

218 DOMINICA CIRCLE E
NICEVILLE, FL 32578

FEI Number: 20-5750239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMOND, LISA W
218 DOMINICA CIRCLE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HEMOND, LISA W
218 DOMINICA CIRCLE E
NICEVILLE, FL 32578 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEMOND, SCOTT M
Address: 218 DOMINICA CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: HEMOND, LISA W
Address: 218 DOMINICA CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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: LISA W HEMOND

MGRM

04/25/2008

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