



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90035 024 ****55.00

DOCUMENT # L06000083604 1. Entity Name A & M BOWLING SUPPLY LLC					
Principal Place of Business 8500 NW 44TH STREET SUNRISE, FL 33351			Mailing Address 8500 NW 44TH STREET SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03302007 Chg-LLC CR2E083 (12/06)	
Zip		Zip		4. FEI Number 06-1790106	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUCKABY, ASHLEY 7187 THOMPSON ROAD BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name WALTERS, ROBERT SR. Street Address (P.O. Box Number is Not Acceptable) 4248 NW 120 LANE City SUNRISE, FL Zip Code 33323	
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><i>Robert Walters Sr.</i></u> DATE 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT, MIKE 7187 THOMPSON RD. BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUCKABY, ASHLEY 7187 THOMPSON RD. BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, ROBERT SR. 4248 NW 120 LN SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, ROBERT SR. 4248 NW 120 LN SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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><i>Robert Walters Sr.</i></u>			SIGNATURE: <u><i>Robert Walters Sr.</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 3/30/07 DAYTIME PHONE # 305 321-8146		