


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 023 ***538.75

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| DOCUMENT # L06000087505 |  |
| 1. Entity Name PERFORMANCE FOOTWEAR III, LLC | |

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| Principal Place of Business 460 N. ORLANDO AVENUE SUITE 110 WINTER PARK, FL 32789 US | Mailing Address 13700 YORK ROAD UNIT A NORTH ROYALTON, OH 44133 US |
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|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 8820 Columbia 100 Pkwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 400 |
| City & State | City & State Columbia MD |
| Zip | Country US |
| Country | Zip 21045 |



07142008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-8449779 20-2177230 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent PERFORMANCE SPORTS, LLC 460 N. ORLANDO AVENUE SUITE 110 WINTER PARK, FL 32789 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|--|
| FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PERFORMANCE SPORTS, LLC 460 N. ORLANDO AVENUE, SUITE 110 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President James R Bolduc 8820 Columbia 100 Pkwy Suite 400 Columbia MD 21046 <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 |
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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 |

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:  **7/15/08 410-884-1960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #