

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05/03/07 90253 006 \$50.00



DOCUMENT # L06000114157			
1. Entity Name SPORTS & SCORES PROPERTIES, LLC			
Principal Place of Business 1305 IVYHEDGE AVENUE ST. AUGUSTINE, FL 32092		Mailing Address 1305 IVYHEDGE AVENUE ST. AUGUSTINE, FL 32092	
2. Principal Place of Business - No P.O. Box # 3854 Silverpoint Lane		3. Mailing Address 3854 Silverpoint Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country	Zip 32216	Country
06142007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 13-4348852		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOPU, GEORGE R 1305 IVYHEDGE AVENUE ST. AUGUSTINE, FL 32092		7. Name and Address of New Registered Agent Name Srinivas Dasari Street Address (P.O. Box Number is Not Acceptable) 3854 Silverpoint Lane City Jacksonville FL Zip Code 32216	
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 <i>D. Srinivas</i>		DATE 06/20/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Srinivas Dasari 3854 Silverpoint Lane Jacksonville, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>D. Srinivas, manager</i>		DATE 06/20/07 904-338-399	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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