


LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000114157	
1. Entity Name SPORTS & SCORES Properties, LLC	

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -6 PM 1:14

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2. Principal Place of Business - No P.O. Box # 2223 CR 220	3. Mailing Address 1446 River of May St
Suite, Apt. #, ect. 204	Suite, Apt. #, ect.
City & State Middleburg, FL	City & State St. Augustine, FL
Zip 32068	Country U.S.A

CR2E083B (1/11)

4. FEI Number 13-4348852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Srinivas Dasari	
	Street Address (P.O. Box Number is Not Acceptable) 1446 River of May Street	
	City ST. Augustine, FL	

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: Srinivas Dasari, Managing Member DATE: 6/30/11

<p>January 1 - May 1 Fee is \$138.75 After May 1, Fee is \$538.75 Amended AR is \$50.00 Make Check Payable to Florida Department of State</p>	<p>E-mail Address: Srinivasdasari@yahoo.com To be used for future annual report notices</p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	Srinivas Dasari, Manager, Mgm
NAME	1446-River of May Street
STREET ADDRESS	ST. Augustine, FL 32092
CITY-ST-ZIP	
TITLE	Member, MGR
NAME	S.K. KUTHIALA
STREET ADDRESS	2961 Bernice Drive
CITY-ST-ZIP	Jacksonville, FL 32257-5810
TITLE	Member
NAME	Sudhir Reddy Dasari
STREET ADDRESS	409 Tocina PL.
CITY-ST-ZIP	ST. Augustine, FL 32092
TITLE	Member
NAME	Rajendra Ghim
STREET ADDRESS	1280 Florida Road
CITY-ST-ZIP	Castleberry, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.
<p>500209724565 07/07/11--01023--013 **138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
SIGNATURE: Senthuale (S.K. Kuthiala) member	Date: 6/28/11 Daytime Phone: 444-9811

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