2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

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Entity Name: BLACKWAVE SPORTS INVESTMENT COMPANY, LLC

Current Principal Place of Business:

105 GREAT ISAAC COURT
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3222
C/O BLUE EQUITY, LLC
LOUISVILLE, KY 402013222 US

New Mailing Address:

FEI Number: 20-8933852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTH, JUDITH F
105 GREAT ISAAC COURT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BLUE, JONATHAN S	
Address:	333 EAST MAIN STREET, SUITE 200	
City-St-Zip:	LOUISVILLE, KY 40202 US	
Title:	MGR	( ) Delete
Name:	ROTH, DAVID M	
Address:	333 EAST MAIN STREET, SUITE 200	
City-St-Zip:	LOUISVILLE, KY 40202 US	
Title:	MGR	( ) Delete
Name:	PRINCIPE, MICHAEL J	
Address:	220 WEST 42ND STREET, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JONATHAN S BLUE DIR 02/08/2008

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