

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

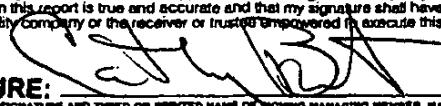
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May 22, 2008 8:00 am
Secretary of State

04-25-2008 90029 002 ***138.75

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04092008 Chg-LLC CR2E083 (12/08)

DOCUMENT # L07000048828			
1. Entity Name FAIR PLAY SPORTS, LLC			
Principal Place of Business 2544 FRANK CIRCLE GULF BREEZE, FL 32563		Mailing Address 2544 FRANK CIRCLE GULF BREEZE, FL 32563	
2. Principal Place of Business - No P.O. Box # 41-G FAIR POINT DR.		3. Mailing Address 41-G FAIR POINT DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GULF BREEZE		City & State GULF BREEZE	
Zip 32561	Country	Zip 32561	Country
4. FEI Number 14-1998282		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENOIT, CRAIG J 2544 FRANK CIRCLE GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BENOIT, CATHY 2544 FRANK CIRCLE GULF BREEZE, FL 32563 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 808, Florida Statutes.			
SIGNATURE: 		Date 4-9-08 Daytime Phone # 850-934-6015	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			