

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049782

FILED
Apr 28, 2009
Secretary of State

Entity Name: UDONIS HASLEM FAN CLUB LLC

Current Principal Place of Business:

6637 BOXWOOD DRIVE
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 246028
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 26-0144628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARS & ASSOCIATES INC
20810 W. DIXIE HWY
NORTH MIAMI BEACH, FL 33180 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: MGRM () Delete
Name: WALKER, TROPEEKA
Address: 20363 NW 43RD PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: MGR () Delete
Name: WOOTEN, BARBARA
Address: 6637 BOXWOOD DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGR () Delete
Name: HENDERSON, KAREN
Address: 7637 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGRM () Delete
Name: WOOTEN, SHARON
Address: 6637 BOXWOOD DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGR () Delete
Name: ROBINSON, YARI
Address: 1951 NW 189TH TERR
City-St-Zip: MIAMI, FL 33056 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:

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: TROPEEKA WALKER

MGRM

04/28/2009

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