

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000055715

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** ELITE FASTPITCH TRAINING & CONDITIONING, LLC

**Current Principal Place of Business:**

1845 PALM COVE BLVD, #8-108  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

238 E. CHRYSTIE CIR.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

1845 PALM COVE BLVD, #8-108  
DELRAY BEACH, FL 33445

**New Mailing Address:**

238 E. CHRYSTIE CIR.  
DELRAY BEACH, FL 33484

**FEI Number:** 33-1173870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANCASTER-BROOKS, JULIETTE  
1845 PALM COVE BLVD, #8-108  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

LANCASTER-BROOKS, JULIETTE  
238 E. CHRYSTIE CIR.  
DELRAY BEACH, FL 33484 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANCASTER-BROOKS, JULIETTE  
Address: 1845 PALM COVE BLVD, #8-108  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANCASTER-BROOKS, JULIETTE  
Address: 238 E. CHRYSTIE CIR.  
City-St-Zip: DELRAY BEACH, FL 33484

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: JULIE BROOKS

MS

04/15/2008

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