


**LIMITED  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 13, 2005 8:00 am  
Secretary of State**

05-13-2005 90047 019 \*\*\*\*50.00

DOCUMENT # L 98000001365  
1. Entity Name  
SPORTS TACTICS LC



**DO NOT WRITE IN THIS SPACE**

**20058701**

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

2. Principal Place of Business  
12860 JACOB GRACE CT  
Suite, Apt. #, etc.

3. Mailing Address  
C/O 12860 JACOB GRACE CT  
Suite, Apt. #, etc.

City & State  
WINDERMERE FL

City & State  
WINDERMERE FL

Zip  
34786

Country  
ORANGE

Zip  
34786

Country  
ORANGE

4. FEI Number  
593531435  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
HUMPHRIES J. GREGORY

Street Address (P.O. Box Number is Not Acceptable)  
300 S. ORANGE AVE

SUITE 1000

City  
ORLANDO **FL** Zip Code  
32801

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u>MERM KISSELBACK, ROBERT M 12860 JACOB GRACE CT WINDERMERE FL 34786</u>		
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**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** R. KISSELBACK 4/19/05 8504453764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Depositor #

STAPLE CHECK HERE

CR2E003B (12/02)