

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001613

FILED
Jan 12, 2005
Secretary of State

Entity Name: HORROW SPORTS VENTURES, LLC

Current Principal Place of Business:

6800 SOUTHWEST 40TH STREET, SUITE 174
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6800 SOUTHWEST 40TH STREET, SUITE 174
MIAMI, FL 33155

New Mailing Address:

FEI Number: 94-3371244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORROW, RICHARD
C/O HORROW SPORTS VENTURES, LLC
6800 SOUTHWEST 40TH STREET, SUITE 174
MIAMI, FL 33155 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/MEMBERS:

Title: MGR () Delete
Name: HORROW, RICHARD B
Address: 6800 SE 40 ST., STE 174
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: WAGNER, BARRY J
Address: 437 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: BIRKIN, MICHAEL
Address: 437 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

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 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 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: RICHARD HORROW

MGR

01/12/2005

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