

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 014 ***138.75

DOCUMENT # M01000002604 1. Entity Name AXCESS SPORTS & ENTERTAINMENT, LLC			
Principal Place of Business ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202		Mailing Address ONE INDEPENDENT DR., SUITE 2602 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box # 238 Ponte Vedra Park Dr.		3. Mailing Address 238 Ponte Vedra Park Dr.	
Suite, Apt. #, etc. Ste. 102		Suite, Apt. #, etc. Ste. 102	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082		Zip 32082	
Country		Country	
4. FEI Number 59-3754819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUYGHUE, MICHAEL ONE INDEPENDENT DRIVE SUITE 2602 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 238 Ponte Vedra Park Drive, Ste 102 City Ponte Vedra Beach FL Zip Code 32082	
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 <u><i>Michael L. Huyghue</i></u> DATE <u>2/11/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUYGHUE, MICHAEL L MGRM ONE INDEPENDENT DRIVE, SUITE 2602 JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Huyghue, Michael 238 Ponte Vedra Park Dr, Ste 102 Ponte Vedra Beach, FL 32082 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARCE, JOHN C II ONE INDEPENDENT DR., S-2602 JACKSONVILLE, FL 32256 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pearce, John C II 238 Ponte Vedra Park Dr, Ste 102 Ponte Vedra Beach, FL 32082 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, NEVIN ONE INDEPENDENT DR. S-2602 JACKSONVILLE, FL 32205 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shapiro, Nevin 238 Ponte Vedra Park Dr, Ste 102 Ponte Vedra Beach, FL 32082 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, JOHN A 707 BERKSHIRE BLVD EAST ALTON, IL 62024 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 608, Florida Statutes.			
SIGNATURE: <u><i>Michael Huyghue</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>2/11/08</u> <u>904-813-6340</u> <small>Date Daytime Phone #</small>	