2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# M05000007128

Entity Name: PETER JACOBSEN SPORTS, LLC

Current Principal Place of Business:

9400 S.W. BARNES ROAD
SUITE 550
PORTLAND, OR 97225

New Principal Place of Business:

Current Mailing Address:

9400 S.W. BARNES ROAD
SUITE 550
PORTLAND, OR 97225

New Mailing Address:

FEI Number: 20-3873818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR ( ) Delete
Name: PIPPIN, JAMES
Address: 9400 S.W. BARNES ROAD, SUITE 550
City-St-Zip: PORTLAND, OR 97225

Title: MGR ( ) Delete
Name: JACOBSEN, PETER
Address: 9400 S.W. BARNES ROAD, SUITE 550
City-St-Zip: PORTLAND, OR 97225

Title: MGR (X) Delete
Name: PETER JACOBSEN PRODU, CTIONS, INC.
Address: 9400 S.W. BARNES ROAD, SUITE 550
City-St-Zip: PORTLAND, OR 97225

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 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: NICOLE MATHES, ON BEHALF OF PETER JACOBSEN AMGR 04/29/2008

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