


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90042 039 ****50.00

DOCUMENT # M06000005339 1. Entity Name PRO LINKS SPORTS OF BOCA RATON, L.L.C.					
Principal Place of Business 11500 N. STEMMONS FREEWAY, SUITE 106 DALLAS, TX 75229			Mailing Address 11500 N. STEMMONS FREEWAY, SUITE 106 DALLAS, TX 75229		
2. Principal Place of Business - No P.O. Box # 11074 Radisson Rd NE		3. Mailing Address 11074 Radisson Rd NE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Blaine MN		City & State Blaine MN		4. FEI Number 20-5264678	
Zip 55449		Country Andkg		Applied For <input type="checkbox"/> Not Applicable	
Zip 55449		Country Andkg		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAVNER, HOLLIS 6450 EAST ROGERS CIRCLE BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRO LINKS SPORTS, L.L.C. 11500 N. STEMMONS FREEWAY, SUITE 106 DALLAS, TX 75229		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Pro Links Sports LLC 11074 Radisson Rd NE Blaine MN 55449	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 7/16/09 Daytime Phone # _____		

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