

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000005339

1. Entity Name
PRO LINKS SPORTS OF BOCA RATON, L.L.C.



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

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

60052912



07122007 Chg-LLC CR2E083 (12/06)

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	
Zip 55449	Country Anoka	Zip 55449	Country Anoka
6. Name and Address of Current Registered Agent CAVNER, HOLLIS 6450 EAST ROGERS CIRCLE BOCA RATON, FL 33487			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
7. Name and Address of New Registered Agent			
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 _____
(Signature, typed or printed name of registered agent and title if applicable) (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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pro Links Sports LLC 11074 Radisson Rd NE Blaine MN 55449	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/16/09
Date

Daytime Phone #