APPRUVEU AND FILED

2000 UNIFORM BUSINESS REPORT (LIBR)

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DOCUMENT # M9900000624 1. Entity Name							00 HAY -1	PM 12: 21			
FLORIDA SPORTS MANAGEMENT, L.L.C.							SEGRETARY OF STATE FALLAHASSEE FLORIDA				
364							ALLAHASSE	E. FLORID	<u> </u>		
Principal Place of Business Mailing Address							الأوراق المناسب		,	,	
TWO CHAMPIC			Mailing Address TWO CHAMPIONSHIP	TWO CHAMPIONSHIP DRIVE							
AUBURN HILL		_		AUBURN-HILLS MT 48326-1753				•			
								Hana addii deni deni			
2. Principal P			3. Mailing Address								
2. Filincipal i	iace of Busil	1000	3. Maning_Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State	City & State			4. FEI Number FO OF 077700 Applied For				
							59-356770		/	t Applicable	
Zip	Zip Country		Zip	Count	ry ,	5. Certificat	e of Status Desired		.00 Addi e Required		
	6. Name	and Address of Curre	nt Registered Agent				7. Name and Address of New Registered Agent				
HILL, WARD & HENDERSON PA							-	·			
•	RRY SMITH		`	Street Address (P.O. Box Number is Not Acceptable)				
		/D., SUITE 3700					1				
tampa fl	. 33602	,	•	City		,		FL	Zip Code		
8. The above	named entity	submits this statement	t for the purpose of changing	its realstere	d office or registe	ered agent, or be	oth, in the State of F	lorida.		<u> </u>	
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.											
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 114, 114, 114, 114, 114, 114, 114, 114											
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FILE NOW!!! FEE IS \$50.00											
• ••	e STeit o		ADEDO (MEMDERS)			(CEACULE)	ADDITION	S/CHANGES		 -	
9 ~	MGR	WANAGING ME	VIBERS/IVIEWBERS Deleta	110.		<u></u>	ADDITION		Change	Addition	
NAME		LACE, L.L.C.	MAME	· · · · · · · · · · · · · · · · · · ·							
STREET ADDRESS CITY-ST-ZIP		MPIONSHIP DRIVE HILLS MT 48326		· STREET ADDRESS · City- St- Zip			-05/19/0001083011 *****50.00 *****50.00				
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CITY-87-ZIP		-	٠.	٠.	8T-7IP						
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CITY-ST-ZIP		- i - E	ial at i fill discount	,	ST-ZIP *	Coation 110 07/2	N(i) Elorida Statuta	Lituathor contif	that the in	nformation	
in. I nereby o	ertify that the	information supplied v	vith this filing does not qualify	nor the exer	npuon stated in t	Section 118.07(3	i)(i) riorida Statute:	agine member e	n manana	r of the	

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 memilimited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER