2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: AT SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000062164

1. Entity Name



FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90059 038 ****50.00

COLOUR TECH SOUTH MOTORSPORTS PHOTOGRAPHY, LLC)			
Principal Place of Business 30922 SEALINE DRIVE LEESBURG, FL 34748		Mailing Address 30922 SEALINE DRIVE LEESBURG, FL 34748			40401	7	
2. Principal Place of Business		3. Mailing Address			, 0,00,000,000,000,000,000,000,000,000,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Number 27-010			plied For t
Zip	Country	Zip	Country			□ \$5.00 Add	itional
	6. Name and Address of Current	Registered Agent	1	7. Name and	Address of New Regi	Fee Required	
		Name					
KOWALSKI, MARIUSZ H 30922 SEALINE DRIVE LEESBURG, FL 34748			Street Address		(P.O. Box Number is Not Acceptable)		
			City			FL Zip Code	е
	named entity submits this statement friends of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or bo	th, in the State of Florid		and accept
SIGNATURE .							
	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered Agent signature requi	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006						check payable to Department of State	•
9.	MANAGING MEMB	 ERS/MANAGERS	10.	1	ADDITIONS/CH	HANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOWALSKI, MARIUSZ H 30922 SEALINE DRIVE LEESBURG, FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	KOWALSKI, YVETTE C 30922 SEALINE DRIVE LEESBURG, FL 34748		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
11. I hereby indicated limited lia	certify that the information supplied will long this report is true and accurate an ability company or the receiver or trust	In this filing does not qualify for that my signature shall have be empowered to execute this	r the exemptions contains the same legal effect as i report as required by Chi	ed in Chapter 119 if made under oatl apter 608, Florida	, Florida Statutes. I furth n; that I am a managind Statutes.	ner certify that the info g member or manage	ormation er of the