

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002681

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SPYKER AUTOMOBIELEN B.V. LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

EDISONWEG 2  
ZEEWOLDE 3899 AZ  
THE NETHERLANDS, US

**New Principal Place of Business:**

EDISONWEG 2  
ZEEWOLDE 3899 AZ  
THE NETHERLANDS, OC 33021 OC

**Current Mailing Address:**

EDISONWEG 2  
ZEEWOLDE 3899 AZ  
THE NETHERLANDS, US

**New Mailing Address:**

EDISONWEG 2  
ZEEWOLDE 3899 AZ  
THE NETHERLANDS, OC 33021 OC

**FEI Number:** 75-3190886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CMZ ENTERPRISES, INC.  
1841 NORTH ST. RD. 7  
HOLLYWOOD, FL 33021 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: CEO  
Name: MULLER, V R  
Address: PRINSES IRENELAAN 8  
City-St-Zip: 3743 JE BEERN, NETHERLANDS,

Title: MGRM  
Name: MULLER, V R  
Address: PRINSES IRENELAAN 8  
City-St-Zip: 3743 JE BEERN, NETHERLANDS,

Title: CFO  
Name: GO, D.J.C.Y.S.  
Address: ZWEERSLAAN 22  
City-St-Zip: 3723HP BILTHOVEN,NETHERLANDS,

Title: MGRM  
Name: GO, D.J.C.Y.S.  
Address: ZWEERSLAAN 22  
City-St-Zip: 3723HP BILTHOVEN,NETHERLANDS,

I hereby 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: V R MULLER

MGRM

04/30/2010

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