

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038290

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: TRACKSIDE BROTHERS, LLC

**Current Principal Place of Business:**

3 OCEAN HARBOUR CIRCLE  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

255 NE 6TH AVE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 20-1542975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARTKIW, STEPHEN J MR.  
3 OCEAN HARBOUR CIRCLE  
OCEAN RIDGE, FL 33435 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: MGR ( ) Delete  
Name: MINKIN, MARK  
Address: 2 OCEAN HARBOUR CIRCLE  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGR ( ) Delete  
Name: BARTKIW, STEPHEN  
Address: 3 OCEAN HARBOUR CIRCLE  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGR ( ) Delete  
Name: SOSPE REALTY, LP,  
Address: 9858 CLINTMOORE RD C-111 #300  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEPHEN BARTKIW

MGR

02/10/2009

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