FILED

2002 UNIFORM BUSINGS REPORT (UBR)

SIGNATURE:

Apr 30, 2002 8:00 am E Secretary of State DOCUMENT # L00000011242 1. Entity Name 04-30-2002 90006 001 ****50.00 GAS GAS MOTORS OF AMERICA LLG Principal Place of Business Mailing Address 622 GREENGLEN LANE 622 GREENGLEN LANE PALM HARBOR FL 34684-3012 PALM HARBOR FL 34684-3012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3675509 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ROMERO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 622 GREENGLEN LN PALM HARBOR FL 34684 City Zip Code FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition GAS GAS MOTOS S.A. NAME NAME STREET ADDRESS STREET ADDRESS 622 GREENGLEN LANE CITY-ST-71P CITY-ST-ZIP **PALM HARBOR FL 34684-3012 MGRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME ROMERO, JUAN C NAME STREET ADDRESS **622 GREENGLEN LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684-3012 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IVAN C. ROMERO

Daytime Phone #

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