2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # L01000016319 1. Entity Name 04-09-2004 90215 037 ****50.00 GOLDEN CHERRY RACING GROUP, LLC Principal Place of Business Mailing Address C/O ERIC CHERRY 1801 SOUTH FEDERAL HIGHWAY, STE. 300 DELRAY BEACH FL 33483 C/O ERIC CHERRY 1801 SOUTH FEDERAL HIGHWAY, STE. 300 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 65-1141320 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ے اس جسرسیاسیام کے مانیک ارضا میزارد اورد کا میرون اریک می CHERRY, ERIC 1801 SOUTH FEDERAL HWY., STE. 300 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** Zip Code 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TITLE MGR TITLE ☐ Delete NAME CHERRY, ERIC NAME STREET ADDRESS STREET ADDRESS 1801 S FEDERAL HWY # 300 CITY-ST-ZIP -CITY-ST-ZIP **DELRAY BEACH FL 33483** TITLE ☐ Change ☐ Addition TITLE MGR ☐ Delete NAME NAME GOLDBERG, STEVEN STREET ADDRESS STREET ADDRESS 28 OTSEGO RD CITY-ST-ZIP CITY-ST-7IP VERONA NJ 07044 - - Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REP

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limited liability company or the

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