


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90027 040 ****50.00

DOCUMENT # L02000007287 1. Entity Name R&R RACING ENTERPRISES LLC	
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Principal Place of Business
ONE SPECTACLE POND ROAD
LITTLETON, MA 01460

Mailing Address
P.O. BOX 1446
LITTLETON, MA 01460

DO NOT WRITE IN THIS SPACE



04122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0728890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE. 28TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREIRA, ROBERT W
STREET ADDRESS	102 NE 2ND ST., #555
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	MGRM
NAME	HUNTER-REAY, RYAN
STREET ADDRESS	450 NE 20TH ST., #113
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	MGR
NAME	JACOBSON, ROBERT N
STREET ADDRESS	ONE SPECTACLE POND RD.
CITY-ST-ZIP	LITTLETON, MA 01460

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

ROBERT N. JACOBSON, MGR. 4-12-05 978-742-4447