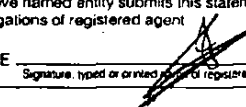
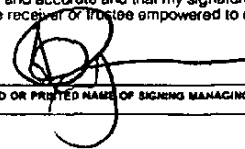


FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90313 019 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000017765			
1. Entity Name DAYTONA SLINGSHOT, LLC			
Principal Place of Business 4907 CARDER RD UNIT 4 ORLANDO, FL 32810		Mailing Address 4907 CARDER RD UNIT 4 ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box # 3280-C S. Atlantic Ave. Suite, Apt. #, etc. Box 105		3. Mailing Address 6130 Edgewater Dr Suite, Apt. #, etc. Ste A	
City & State Daytona Bch Shores, FL		City & State Orlando FL	
Zip 32118	Country US	Zip 32810	Country US
4. FEI Number 05-0522605		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, INGRID 4907 CARDER RD UNIT 4 ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name GOLDBERG, INGRID Street Address (P.O. Box Number is Not Acceptable) 6130 Edgewater Dr Ste A City Orlando FL Zip Code 32810	
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 re-issuing)		DATE 4/9/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DMGR MIRFIN, BRIAN 4907 CARDER RD UNIT 4 ORLANDO, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. MGR. 6130 Edgewater Dr, Ste A Orlando FL 32810 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER RYAN JODIE 2533 HAWLEY LANE KISSIMEE FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. MGR. RYAN JODIE 2533 HAWLEY LANE KISSIMEE FL 34746 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 4/9/07 Daytime Phone #	