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	Mailing Address
4907 CARDER RD UNIT 4 ORLANDO, FL 32810	4907 CARDER RD UNIT 4 ORLANDO, FL 32810

03272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3280-C S. Atlantic Ave	6130 Edgewater Dr
Suite, Apt. #, etc.: Box 105	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 ________ 4/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	~~DIRECTOR RYAN JODIE 2533 HAMLET LANE KISSIMMEE FL 34746~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MGR. RYAN JODIE 2533 HAMLET LANE KISSIMMEE 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: ________ 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #