


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90027 042 ****50.00

DOCUMENT # L02000028998 1. Entity Name EUROPA MOTOR SPORTS LLC.					
Principal Place of Business 3750 INVESTMENT LANE SUITE 5 RIVIERA BEACH, FL 33404-1765			Mailing Address 3750 INVESTMENT LANE SUITE 5 RIVIERA BEACH, FL 33404-1765		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12914 Raymond Drive Suite, Apt. #, etc.			
City & State		City & State Loxahatchee Groves FL		4. FEI Number 34-2057750	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33470		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOWELL KARRIEM, DAMON 12914 RAYMOND DRIVE LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOWELL KARRIEM, DAMON 3750 INVESTMENT LANE RIVIERA BEACH, FL 334041765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, E.ROBERT 3750 INVESTMENT LANE RIVIERA BEACH, FL 334041765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAKTIOU KHINE, ANDREI 3750 INVESTMENT LANE RIVIERA BEACH, FL 334041765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, DARREN 3750 INVESTMENT LANE RIVIERA BEACH, FL 334041765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			04/28/06 561 351-1185 <small>Date Daytime Phone #</small>		