

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004418

FILED
Apr 08, 2005
Secretary of State

Entity Name: DNL AUTO SPORTS, LLC

Current Principal Place of Business:

3741 160TH AVENUE
#202
MIRAMAR, FL 33027

New Principal Place of Business:

1020 SW 135TH WAY
DAVIE, FL 33027

Current Mailing Address:

3741 160TH AVENUE
#202
MIRAMAR, FL 33027

New Mailing Address:

1020 SW 135TH WAY
DAVIE, FL 33027

FEI Number: 05-0553522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OLEJNICZAK, DAVID
Address: 3741 160TH AVENUE #202
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: OLEJNICZAK, ELIZABETH
Address: 3741 160TH AVENUE #202
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLEJNICZAK, ELIZABETH
Address: 1020 SW 135TH WAY
City-St-Zip: DAVIE, DE 33325

Title: MGRM (X) Change () Addition
Name: OLEJNICZAK, DAVID
Address: 1020 SW 135TH WAY
City-St-Zip: DAVIE, DE 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELIZABETH OLEJNICZAK

MEM

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date