
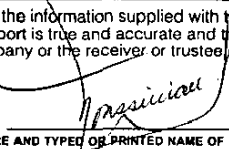


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90036 040 *****50.00

| | | | | | |
|--|---|---------------------------------|--|---|---|
| DOCUMENT # L03000023711 1. Entity Name OCEAN SPIRIT RACING L.L.C. | | | |  | |
| Principal Place of Business 414 NW 9 AVE. HOMESTEAD, FL 33030 US | | | Mailing Address 626 CORAL WAY 803 CORAL GABLES, FL 33134 US | | |
| 2. Principal Place of Business 626 CORAL WAY | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. 803 | | | Suite, Apt. #, etc. | | |
| City & State CORAL GABLES - FLA | | | City & State | | |
| Zip 33134 | | Country USA | | 4. FEI Number 02-0697203 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SILVERMAN, STEVEN 9500 S DADELAND BLVD STE 550 MIAMI, FL 33156 | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 9500 S DADELAND BLVD SAME City SAME FL Zip Code SAME | | |
| 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 | MGRM LOUSSINIAN, EDWARD O 626 CORAL WAY APT # 803 CORAL GABLES, FL 33134 | <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 | MGRM LOUSSINIAN, INES M MGRM 626 CORAL WAY APT. # 803 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  EDWARD LOUSSINIAN MGRM 01-06-06 305-446-8501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |