


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90051 037 ****50.00

DOCUMENT # L03000031632					
1. Entity Name SUPERCIPS CUSTOM TUNING, LLC					
Principal Place of Business 134 BAYWOOD AVENUE LONGWOOD, FL 32750			Mailing Address 134 BAYWOOD AVENUE LONGWOOD, FL 32750		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2424566	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WALES, PETER J STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME BRIAN HERRON STREET ADDRESS 134 Baywood Ave CITY-ST-ZIP Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME SHORT, MICHAEL P STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME POSEA, DAVID G STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WROBLEWSKI, GERALD J STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE MGR NAME JOHNSON, CHRISTOPHER W JR. STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME JOHNSON, CHRISTOPHER W JR. STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE MGR NAME JOHNSON, CHRISTOPHER W JR. STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME JOHNSON, CHRISTOPHER W JR. STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE MGR NAME JOHNSON, CHRISTOPHER W JR. STREET ADDRESS 134 BAYWOOD AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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			4/19/2004 407-8774-2447 Date Daytime Phone #		