# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 23 PM 3:52

VR 09/24/04

DOCUMENT # L03000031632

1. Entity Name
SUPERCHIPS CUSTOM TUNING, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 | 134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 |

08242004 Chg-LLC CR2E083 (10/03)

| 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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $50.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HERRON, BRIAN<br>134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **MANAGER**<br>**WALES, PETER J.**<br>**134 BAYWOOD AVENUE**<br>**LONGWOOD, FL 32750** | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>POSEA, DAVID G<br>134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **MANAGER**<br>**SHORT, MICHAEL P.**<br>**134 BAYWOOD AVENUE**<br>**LONGWOOD, FL 32750** | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>WROBLEWSKI, GERALD J<br>134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>JOHNSON, CHRISTOPHER W JR.<br>134 BAYWOOD AVENUE<br>LONGWOOD, FL 32750 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000041527080<br>10/01/04--01026--013 **50.00 | ☐ 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 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.

**Christopher W. Johnson, Jr., Manager**

**SIGNATURE:** _____ 8/25/04 407 774 2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #