


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90045 014 \*\*\*\*50.00

<b>DOCUMENT # L03000038290</b>	
1. Entity Name <b>TRACKSIDE BROTHERS, LLC</b>	

Principal Place of Business <b>3 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435</b>	Mailing Address <b>313 NORTHEAST THIRD STREET DELRAY BEACH, FL 33444</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>255 NE 6<sup>th</sup> AVE</b> Suite, Apt. #, etc. City & State Zip
<b>Delray Beach, Florida</b>	<b>33483</b>
Country <b>USA</b>	

40057800



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1542975**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

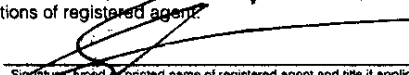
6. Name and Address of Current Registered Agent:

**BARTKIW, STEPHEN J MR.  
3 OCEAN HARBOUR CIRCLE  
OCEAN RIDGE, FL 33435**

7. Name and Address of New Registered Agent:

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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 **04/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MINKIN, MARK 2 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. Sospes Realty, LP 9858 Clint Moore Rd., C-111 # 300 Boca Raton, Florida 33496</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARTKIW, STEPHEN 3 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE 