2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L03000038290

Entity Name: TRACKSIDE BROTHERS, LLC

Current Principal Place of Business:

3 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

255 NE 6TH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-1542975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTKIW, STEPHEN J MR.
3 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	MINKIN, MARK	
Address:	2 OCEAN HARBOUR CIRCLE	
City-St-Zip:	OCEAN RIDGE, FL 33435	
Title:	MGR	( ) Delete
Name:	BARTKIW, STEPHEN	
Address:	3 OCEAN HARBOUR CIRCLE	
City-St-Zip:	OCEAN RIDGE, FL 33435	
Title:	MGR	( ) Delete
Name:	SOSPES REALTY, LP,	
Address:	9858 CLINTMOORE RD C-111 #300	
City-St-Zip:	BOCA RATON, FL 33496	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN BARTKIW MGR 02/10/2009

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