

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90053 012 ****50.00

DOCUMENT # L03000040205					
1. Entity Name CT MOTORSPORTS, LLC					
Principal Place of Business 21213 BISCAYNE BLVD. AVENTURA, FL 33180 US			Mailing Address 20533 BISCAYNE BLVD., #339B AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 21213 Biscayne Blvd.			
City & State		City & State Aventura, FL		4. FEI Number 20-0320708	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., 43RD FLOOR MIAMI, FL 33131		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TABUSH, JORGE R 20533 BISCAYNE BLVD., #339B AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21213 Biscayne Blvd. Aventura, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TABUSH, CAROL 20533 BISCAYNE BLVD., #339B AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21213 Biscayne Blvd. Aventura, FL 33180	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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)(f), 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:		JORGE R. TABUSH 3/5/05 305-792-9989			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					