


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

06 MAY 10 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041832			
1. Entity Name SURREY SPORT, LLC			
Principal Place of Business STE 127, 2431 ALOMA AVE. WINTER PARK, FL 32792		Mailing Address P.O. BOX 6023 WINTER PARK, FL 32793 <i>OK</i>	
2. Principal Place of Business 5717 Bear Lake Cir Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Apopka FL		City & State	
Zip 32703		Country USA	
4. FEI Number 20-0355529		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HELMAN, DANIEL W 2431 ALOMA AVE #127 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2712 Fitzgibbon Dr. City Winter Park FL Zip 32792	
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 <i>Daniel W. Helman</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/26/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, WAYNE R STE 127, 2431 ALOMA AVE. WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5717 Bear Lake Cir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Apopka FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HELMAN, DANIEL W 2431 ALOMA AVE #123 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2712 Fitzgibbon Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Winter Park FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200075379782 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/26/06--01052--003 **200.00
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
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
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: <i>Daniel W. Helman</i> DATE 4/26/06 DAYTIME PHONE # 4076732626			