2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNUAL REPORT					FILED			
DOCUMENT # L03000041832					06 MAY 10 PM 1: 41				
1. Entity Nam SURREY	SPORT, LLC	•							
						350451AK) [A] LAHA 98	OF STATE EE, FLORIDA		
Principal Place of Business Mailing Address				I		MECHINOS	LL, I LUMUA	ı	
STE-127, 2431 ALOMA AVE. Winter Park, FL 32792 P.O. BOX 5923 Winter Park, FL 32			⁹³ OK	-					
		,				 	 	1311 0 110 2 01 13 01	
2. Principal F	lace of Business 7 Bear Lake Cir	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272006	Chg-LLC	CR2E083 (11	/05)	
City & Stat	aka A	City & State			4. FEI Numb			Applied For Not Applicable	
2010	Calintry	Zip	Country			5. Certificate of Status Desired Status Desired Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HELMAN, DANIEL W							<u> </u>		
2431 ALOMA AVE #12P WIN TER PARK, FL 327 92					ddress (P.O. Box Number is Not Acceptable)				
City W, A					1	MC oth, in the State of F	FL Z	Joy January	
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, types or printed name of registered agent and title of applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Make check payable to									
Due by May 1, 2006							a Department of	I	
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
TITLE NAME	MGR TAYLOR, WAYNE R	Delete	TITL!	[\\ \tau_2\)	17 Bee	ar (cke	CIC Bach	ange 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP	STE. 127, 2431 ALOMA AVE. WINTER PARK, FL 32792			CT ADDOCCO	enoka				
TITLE	MGR	☐ Delete	TITLE		1-21	•		ange Addition	
NAME STREET ADDRESS	HELMAN, DANIEL W 2 431 ALOM A AVE:#123		NAM STRE	ET ADDRESS)12 F	itzouth	2)/, 2 22201		
CITY-ST-ZIP	WINTER PARK, FL 32792			-ST-ZIP	J. 1148	HOLF	7 3227		
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TITLE		☐ Delete	ŤITLE				☐ Cha	ange	
NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP	partify that the information supplied with	this filling does not qualify for		-ST-ZIP	in Chantor 150	Florida Statutos 11	urther costile that the	, information	
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.									
Do 10 0 1 710 U/26/20 4076717676									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dave Daylists Phone #									