


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90040 037 \*\*\*\*50.00

<b>DOCUMENT # L03000047347</b>	
1. Entity Name <b>HORSEPOWER SPEED &amp; MARINE, LLC</b>	

Principal Place of Business <b>2250-2 N.W. 15TH AVE. POMPAÑO BEACH, FL 33069</b>	Mailing Address <b>2250-2 N.W. 15TH AVE. POMPAÑO BEACH, FL 33069</b>
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40062764

2. Principal Place of Business <b>3350 NW 2nd Ave, #B38</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton, Florida 33431</b>	City & State <b>Florida 33431</b>
Zip Country	Zip Country

03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0570294</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KLEIN, JEFFREY G ESQ C/O NEWMAN, POLLOCK &amp; KLEIN, LLP 2101 NW CORPORATE BLVD, STE 414 BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name <b>Jeffrey Galpern</b> Street Address (P.O. Box Number is Not Acceptable) <b>3350 NW 2nd Avenue</b> Suite B38 City <b>Boca Raton</b> FL Zip Code <b>33431</b>
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE <b>4/7/05</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2005</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 PRESTON, JEREMY 2250-2 N.W. 15TH AVE. POMPAÑO BEACH, FL 33069</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Jeffrey Galpern 3350 NW 2nd Avenue, #B38 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: 	<b>Jeffrey Galpern, Manager</b>	Date <b>4/13/05</b>	Daytime Phone # <b>561-955-7600</b>
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