

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049314

1. Entity Name
MASTERPIECE RIDERS CLUB, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 29 AM 8:30

Principal Place of Business
5824 COVEVIEW DRIVE
LAKELAND, FL 33813

Mailing Address
5824 COVEVIEW DRIVE
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

06242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-2036267

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTON, CARLOS K JR.
5824 COVEVIEW DRIVE
LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SUTTON, CARLOS K JR.
5824 COVEVIEW DRIVE
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SUTTON, MICHAEL
5824 COVEVIEW DRIVE
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Carlos Keith Sutton Jr.* / CARLOS KEITH SUTTON JR. 6/24/05 863-640-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #