2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000049314

1. Entity Name

MASTERPIECE RIDERS CLUB, L.L.C.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5824 COVEVIEW DRIVE LAKELAND, FL 33813

5824 COVEVIEW DRIVE LAKELAND. FL 33813



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2036267 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

SUTTON, CARLOS K JR.

5824 COVEVIEW DRIVE LAKELAND, FL 33813

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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_

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| <u> </u> | |
|----------------|---------------------------|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE | MGR |
| NAME | SUTTON, CARLOS K JR. |
| STREET ADDRESS | 5824 COVEVIEW DRIVE |
| CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | MGR |
| NAME | SUTTON, MICHAEL |
| STREET ADDRESS | 5824 COVEVIEW DRIVE |
| CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| | |

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/2007

(863)640-9233

Daytime Phone #