2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90071 022 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000050646

1. Entity Name

URBAN MOTOR SPORTS, L.L.C.

Principal Place of Business	Mailing Address
C/O 6410 S.W. KANNER HIGHWAY #1 STUART FL 34997	C/O 6410 S.W. KANNER HIGHWAY #1 STUART FL 34997

2. Principal Place of Business	3. Mailing Address
6410 SW Kanner Hwy	
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1
City & State STUART FL.	City & State STUART FL.
Zip 34997 Country ~~MARTIN~~ USA	Zip 34997 Country ~~MARTIN~~ USA

4. FEI Number 57-1193409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE FL 32609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MANAGING MEMBER MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL W. BUSHMAN	NAME	
STREET ADDRESS	746 ALTURA ST.	STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Fla. 34952.	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4-20-04 772-219-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #