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May 16, 2005 8:00 am
Secretary of State

04-21-2005 90028 038 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011288

1. Entity Name
MOTORING ELEMENTS, LLC

Principal Place of Business	Mailing Address
P.O. BOX 547357 ORLANDO, FL 32854	P.O. BOX 547357 ORLANDO, FL 32854

30006364

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
P O Box 547357		P O Box 547357	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL 32854		City & State: Orlando, FL 32854	
Zip: 32854	Country: USA	Zip: 32854	Country: USA

4. FEI Number: 74 3114625 — ☐ 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
GENERAL COUNSEL ADVISORS, P.A. 1001 NORTH LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751	Name: Omar F. Watson Street Address (P.O. Box Number is Not Acceptable): P O Box 547357 1009 N. Palm Ave City: Orlando FL Zip Code: 32804

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] 04.13.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, ERIC P.O. BOX 547357 ORLANDO, FL 32854	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Omar F Watson P O Box 547357 Orlando, FL 32854	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04.13.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #