
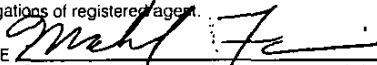
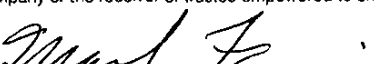


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90043 021 ****50.00

DOCUMENT # L04000029339 1. Entity Name FERRIS RACING, L.L.C.					
Principal Place of Business 6623 LINCOLN ROAD BRADENTON, FL 34203			Mailing Address 6623 LINCOLN ROAD BRADENTON, FL 34203		
2. Principal Place of Business 1714 69th Avenue West Suite, Apt. #, etc. C-302		3. Mailing Address 1714 69th Avenue West Suite, Apt. #, etc. C-302			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 33-1090204	
Zip 34207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRIS, MICHEAL A 6623 LINCOLN ROAD BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name FERRIS, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 1714 69th Avenue West City C-302 Bradenton FL Zip Code 34207		
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  MICHAEL A. FERRIS 4-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRIS, MICHAEL A 6623 LINCOLN ROAD BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRIS, MICHAEL A 1714 69th Ave W, C-302 Bradenton, Florida 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		MICHAEL A. FERRIS, MGR		4/10/06 941-812-5610	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	