


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90213 013 \*\*\*\*50.00

<b>DOCUMENT # L04000034845</b>	
1. Entity Name <b>MEDEIROS RACING LLC</b>	

Principal Place of Business <b>2475 BRICKELL AVENUE #2102 MIAMI, FL 33129</b>	Mailing Address <b>2475 BRICKELL AVENUE #2102 MIAMI, FL 33129</b>
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2. Principal Place of Business <b>c/o 301 W. HALLANDALE BEACH BLVD</b>	3. Mailing Address <b>% 301 W. HALLANDALE BEACH BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HALLANDALE BEACH, FL</b>	City & State <b>HALLANDALE BEACH, FL</b>
Zip <b>33009</b>	Zip <b>33009</b>
Country <b>USA</b>	Country <b>USA</b>

03072005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>73-1710234</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>	
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7. Name and Address of New Registered Agent	
Name <b>ROSENWANG &amp; FERRERO-CARR</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>c/o 301 West Hallandale Beach Blvd.</b>	
City <b>Hallandale Beach</b>	
State <b>FL</b>	Zip Code <b>33009</b>

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.

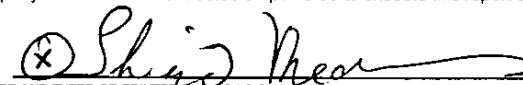
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **3/1/05**

**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	<b>MGR MEDEIROS, THIAGO 2475 BRICKELL AVENUE #2102 MIAMI, FL 33129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MEDEIROS, THIAGO c/o 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**317 529 6630**  
**317-408-8149**