



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000062164</b> 1. Entity Name <b>COLOUR TECH SOUTH MOTORSPORTS PHOTOGRAPHY, LLC</b>	
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Principal Place of Business <b>30922 SEALINE DRIVE LEESBURG, FL 34748</b>	Mailing Address <b>30922 SEALINE DRIVE LEESBURG, FL 34748</b>
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>27-0101532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KOWALSKI, MARIUSZ H 30922 SEALINE DRIVE LEESBURG, FL 34748</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

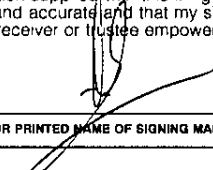
**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000757597  
05/23/07-80078-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOWALSKI, MARIUSZ H 30922 SEALINE DRIVE LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOWALSKI, YVETTE C 30922 SEALINE DRIVE LEESBURG, FL 34748</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **APR. 29, 2007** **(407) 325-2520**

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