2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 25, 2006 8:00 am Secretary of State **DOCUMENT # L04000065897** 04-25-2006 90017 016 ****50.00 1. Entity Name MFLP POWER SPORTS, LLC だんのつぶんのブ Principal Place of Business Mailing Address 3772 WEST COLONIAL DRIVE 3772 WEST COLONIAL DRIVE ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF ORLANDO Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801-5403 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 MGR TITLE TITLE □ Delete ☐ Change ☐ Addition MEALEY, DONALD C NAME STREET ADDRESS 9216 SLOANE ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32827 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Donald C. Mealev

4/17/06

407-291-1448

FILED

Daytime Phone #

☐ Change

☐ Addition