2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 10, 2006 8:00 am Secretary of State DOCUMENT # L04000083953 05-10-2006 90016 009 ****50.00 **DSE SPEED & TUNING LLC** Principal Place of Business Mailing Address たりひてひまり ユ 12402 FAST PULL LANE 12402 FAST PULL LANE ODESSA, FL 33556 ODESSA, FL 33556 2. Principal Place of Business 2017 Whitfield 3. Mailing Address 2017 What FIELD PAR DR. TACK DR Suite, Apt. #, etc. 04142006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For SARASOTA DALASOTA **NOT APPLICABLE** Not Applicable Zip 34243 Country \$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 WALKER, SHEILA R Street Address (P.O. Box Number is Not Acceptable) 12402 FAST PULL LANE ODESSA, FL 33556 SARASOTA 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 ages Signature, typed or printed per-Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition WALKER, DONNIE NAME NAME 12402 FAST PULL LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ODESSA, FL 33556 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME WALKER, SHEILA R NAME STREET ADDRESS 12402 FAST PULL LANE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 aignature 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 receive or trustee employeered to execute this report as required by Chapter 608, Florida Statutes. 4-15-2006 941-7588765 SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZETT REPRESENTATIVE

FILED