


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**
Aug 28, 2006 8:00 am
Secretary of State

08-09-2006 90115 001 ***150.00

DOCUMENT # L05000039371
 1. Entity Name
KINETIC SPEED SHOP PROPERTIES, LLC



30012995

Principal Place of Business Mailing Address
96 WILLARD STREET **96 WILLARD STREET**
SUITE 302 **SUITE 302**
COCOA, FL 32922 US **COCOA, FL 32922 US**



2. Principal Place of Business 3. Mailing Address
6000 Holiday Rd *6000 Holiday Rd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07062006 Chg-LLC CR2E083 (11/05)

City & State City & State
Buiford, GA *Buiford, GA*
 Zip Country Zip Country
30518 *30518* Country

4. FEI Number Applied For
84-1708747 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PRESNICK, DAVID M
96 WILALRD STREET
SUITE 302
COCOA, FL 32922

7. Name and Address of New Registered Agent
 Name: *David M. Presnick*
 Street Address (P.O. Box Number is Not Acceptable)
96 Willard Street
Suite 202
 City: *Cocoa* FL Zip Code: *32922*

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, RUSSELL M 28 SKYLINE ROAD SMITH'S PARISH, NA FL08 <input type="checkbox"/> Delete	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"/> 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 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: *[Signature]* Date: *7/17/06* Daytime Phone #: *(770) 271-1577*