


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000081183 1. Entity Name AQUA SUN MOTORSPORTS, LLC	
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Principal Place of Business 1501 AIRWAY CIR NEW SMYRNA BEACH, FL 32168	Mailing Address 1501 AIRWAY CIR NEW SMYRNA BEACH, FL 32168
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01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3382518	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KENNEDY, R. MICHAEL
3 SUNSHINE BLVD.
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLSON, DEAN 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LABOSCO, JOHN 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOBBINS, MITCH 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/07-80002-021 50.00

**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-20-07 386-416-0001