2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# L05000084827

Entity Name: UPPER LIMIT PERFORMANCE PRODUCTS, LLC

Current Principal Place of Business:

14152 63RD WAY N
CLEARWATER, FL 33760

New Principal Place of Business:

1668 N HERCULES AVE
SUITE C
CLEARWATER, FL 33765

Current Mailing Address:

14152 63RD WAY N
CLEARWATER, FL 33760

New Mailing Address:

1668 N HERCULES AVE
SUITE C
CLEARWATER, FL 33765

FEI Number: 68-0614813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, CARL G
6570 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: UPPER LIMIT CORP.,
Address: 15510 FURLONG CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: MGR ( ) Delete
Name: KING, STACY
Address: 345 ACROPOLIS DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: EDELMANN, ERIC
Address: 1668 N HERCULES AVE SUITE C
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY EDELMANN MGR 08/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date