

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000763

Entity Name: BS MOTORSPORTS, LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

401 SW 4TH AVENUE  
1700  
FORT LAUDERDALE, FL 33315

## Current Mailing Address:

401 SW 4TH AVENUE  
1700  
FORT LAUDERDALE, FL 33315

## New Principal Place of Business:

434 NW 1ST AVENUE  
502  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

434 NW 1ST AVENUE  
502  
FORT LAUDERDALE, FL 33301

FEI Number: 16-1725740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURSON, CHRISTOPER T  
401 SW 4TH AVENUE  
#1700  
FORT LAUDERDALE, FL 33315 US

## Name and Address of New Registered Agent:

BURSON, CHRISTOPER T  
434 NW 1ST AVENUE  
#502  
FORT LAUDERDALE, FL 33301 US

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: CHRISTOPHER T BURSON

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete  
Name: BURSON, CHRISTOPHER T  
Address: 401 SW 4TH AVENUE, #1700  
City-St-Zip: FORT LAUDERDALE, FL 33315

## ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition  
Name: BURSON, CHRISTOPHER T  
Address: 434 NW 1ST AVENUE #502  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: CHRISTOPHER T BURSON

MGMR

04/27/2009

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