## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000027067

Entity Name: CYCLE LOGIC MOTORSPORTS LLC

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2134 GREENDALE DR 1739 SHELBURNE LN

SARASOTA, FL 34232 US SARASOTA, FL 34231 US

Current Mailing Address: New Mailing Address:

1739 SHELBURNE LN

SARASOTA, FL 34231 US

FEI Number: 20-5549844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DON L 1739 SHELBURNE LN SARASOTA, FL 34231 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Fitle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 JONES,, DON L
 Name:
 JONES,, DON L

 Address:
 1739 SHELBURNE LN
 Address:
 1739 SHELBURNE LN

 City-St-Zip:
 SARASOTA, FL 34232 US
 City-St-Zip:
 SARASOTA, FL 34231 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JONES, ELENA M
 Name:

 Address:
 1739 SHELBURNE LN
 Address:

 City-St-Zip:
 SARASOTA, FL 34231 US
 City-St-Zip:

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

 Name:
 Name:
 BORINSKY, MARK A

 Address:
 Address:
 2510 LERYL AVE

 City-St-Zip:
 City-St-Zip:
 NORTH PORT, FL 34286 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

 Name:
 Name:
 BORINSKY, KIMBERLY J

 Address:
 Address:
 2510 LERYL AVE

 City-St-Zip:
 City-St-Zip:
 NORTH PORT, FL 34286 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DON L JONES MGRM 02/15/2007