


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90154 016 \*\*\*\*50.00

<b>DOCUMENT # L06000029521</b>	
1. Entity Name <b>HYBRID PERFORMANCE, LLC</b>	

Principal Place of Business <b>716 HARDWOOD CIRCLE ORLANDO, FL 32828</b>	Mailing Address <b>716 HARDWOOD CIRCLE ORLANDO, FL 32828</b>
---	---

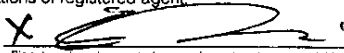
**60024407**



2. Principal Place of Business - No P.O. Box # <b>7480 NARCOOSSEE RD</b> Suite, Apt. #, etc. <b>STE 100 F</b> City & State <b>ORLANDO, FL</b> Zip <b>32822</b> Country <b>USA</b>	3. Mailing Address <b>7480 NARCOOSSEE RD</b> Suite, Apt. #, etc. <b>STE 100 F</b> City & State <b>ORLANDO, FL</b> Zip <b>32822</b> Country <b>USA</b>
---	---

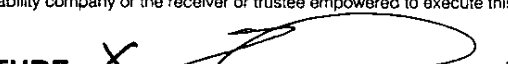
03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4532414</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SIU, ERIC 716 HARDWOOD CIRCLE ORLANDO, FL 32828</b>		
7. Name and Address of New Registered Agent Name <b>SIU, ERIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>7480 NARCOOSSEE RD STE 100 F</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>		

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) 03/13/07 DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIU, ERIC 716 HARDWOOD CIRCLE ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIU, ERIC 7480 NARCOOSSEE RD STE 100 F ORLANDO, FL 32822 <input checked="" 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
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
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
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
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

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:  03/13/07 DATE (407) 574-4372 Daytime Phone #