


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90028 048 \*\*\*\*50.00

<b>DOCUMENT # L06000047892</b>	
1. Entity Name <b>CORKY'S MUSCLE CAR PERFORMANCE LLC</b>	

Principal Place of Business <b>6720 SW 136 CT. RD. OCALA, FL 34481 US</b>	Mailing Address <b>6720 SW 136 CT. RD. OCALA, FL 34481 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>7461 S. US HWY 441</b>	3. Mailing Address <b>7461 S. US HWY 441</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ocala FL.</b>	City & State <b>Ocala FL.</b>
Zip <b>34480</b>	Country <b>Marion</b>
Zip <b>34480</b>	Country <b>Marion</b>



01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>BUMPUS, BRUCE 7461-C SOUTH HWY 441 OCALA, FL 34480</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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: *Bruce Bumpus* *Bruce Bumpus* *1/11/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) 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 BUMPUS, BRUCE 6720 SW 136 CT. RD. OCALA, FL 34481 <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	MGRM BUMPUS, TIMOTHY 78 WATER TRACK OCALA, FL 34472 <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	MGRM BUMPUS, CHRISTOPHER 6720 SW 136 CT. RD. OCALA, FL 34481 <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: *Bruce Bumpus* *Bruce Bumpus* *1/11/07* *352-861-1A78*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #