

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107717

FILED
Apr 30, 2009
Secretary of State

Entity Name: BOCHIS MOTORSPORTS LLC

Current Principal Place of Business:

1043 HIDDEN COURT
LAKELAND, FL 33809

New Principal Place of Business:

700 6TH STREET NW
SUITE 2
WINTER HAVEN, FL 33881

Current Mailing Address:

1043 HIDDEN COURT
LAKELAND, FL 33809

New Mailing Address:

700 6TH STREET NW
SUITE 2
WINTER HAVEN, FL 33881

FEI Number: 20-5876093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCHIS, GEORGE J
1043 HIDDEN COURT
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

BOCHIS, GEORGE J
700 6TH STREE NW
SUITE 2
WINTER HAVEN, FL 33881 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: GEORGE J BOCHIS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOCHIS, GEORGE J
Address: 1043 HIDDEN COURT
City-St-Zip: LAKELAND, FL 33809

Title: MGR () Delete
Name: BOCHIS, JOHN G
Address: 557 LONG POINT DRIVE
City-St-Zip: TOMS RIVER, NJ 08753

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOCHIS, GEORGE J
Address: 700 6TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

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

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: GEORGE J BOCHIS

MGR

04/30/2009

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