2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # L07000059852 1. Entity Name MOTORHEADS, LLC							08 90076 024 **	*138.75
Principal Place of B	Business	Mailing Address			1	PAATAS	7,	
2073 PORTER LAKE DR. 2073 PORTER LAKE DR. SARASOTA, FL 34240 SARASOTA, FL 34240			₹.					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
1951 PORTER LAKE DR. Suite, Apt. #, etc.		Suite, Apt. #, etc.		-				
STE. D				02182008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Number			pplied For
SARASOFT	· / 	7:-	0		26-0	33733		lot Applicable
Zip 3 42 4 0	Country レム	Zip	Country	у	• 5 Certificate of	of Status Desired	S5.00 Ac	
	. Name and Address of Current F	! Registered Agent			7. Name and	Address of New R	<u></u>	
				Name				
MARTIN, DANNY D 2073 PORTER LAKE DR.			-	Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, F	-L 34240							
				City			FL Zip Co	de
	ned entity submits this statement for of registered agent.	the purpose of changing its	registered	office or register	red agent, or both	n, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE								
Signat	iture, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating)		DATE	
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	OWIII FEE IS \$138.75 2008 Fee will be \$538.75	:					e check payable to a Department of Sta	te
			10.				a Department of Sta	te
9.	2008 Fee will be \$538.75 MANAGING MEMBE		10.			Florida	a Department of Sta	· · · · · ·
9. TITLE MG	2008 Fee will be \$538.75 MANAGING MEMBER BRM ARTIN, DANNY D	RS/MANAGERS	TITLE NAME			Florida	Department of Sta	· · · · · ·
9. TITLE MG NAME MA STREET ADDRESS 207	MANAGING MEMBER GRM ARTIN, DANNY D 73 PORTER LAKE DR.	RS/MANAGERS	TITLE NAME STREET	T ADDRESS		Florida	Department of Sta	· · · · · ·
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11. Thereby certify that the information supplied with this timing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flutter 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 exegute this report as required by Chapter 608, Florida Statutes.

20/26/E

941 378-7033

Daytime Phone #