

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113982

Entity Name: ECKHARDT PERFORMANCE, LLC

FILED
Apr 19, 2008
Secretary of State

Current Principal Place of Business:

4084 BATON ROUGE WAY
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

4084 BATON ROUGE WAY
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 26-1395871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, STANLEY P P.A.
19 WEST FLAGLER STREET
#305
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: ECKHARDT, KARL
Address: 4084 BATON ROUGE WAY
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM () Delete
Name: ECKHARDT, MATTHEW
Address: 4084 BATON ROUGE WAY
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM () Delete
Name: ECKHARDT, KIM
Address: 4084 BATON ROUGE WAY
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECKHARDT, KARL
Address: 4084 BATON ROUGE WAY
City-St-Zip: COOPER CITY, FL 33026

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

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: KIM ECKHARDT

MGRM

04/19/2008

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