

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108954

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** SAVAGE PERFORMANCE MOTORSPORTS LLC

**Current Principal Place of Business:**

14873 SW 43RD TERRACE RD  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

14873 SW 43RD TERRACE RD  
OCALA, FL 34473

**New Mailing Address:**

FEI Number: 26-3762841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SAVAGE, STEVEN R  
14873 SW 43RD TERRACE RD  
OCALA, FL 34473    US

**Name and Address of New Registered Agent:**

SAVAGE, STEVEN R CEO  
14873 SW 43RD TERRACE RD  
OCALA, FL 34473    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: STEVEN R. SAVAGE

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: SAVAGE, STEVEN R CEO  
Address: 14873 SW 43RD TERRACE ROAD  
City-St-Zip: Ocala, FL 34473

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: STEVEN R. SAVAGE

CEO

04/24/2009

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