File on c	or before	May 1, 199 0.00 LATE	9 or Limited FEE.	l Liability	Com	pany will be	•				
LIMITED LIABILITY COMPANY ANNUAL REPORT				LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			FILED COLPR -5 FM 5: 00				
1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							EFORETARY OF STATE				
1. Name a	and Mailing Added	dress DC	CUMENT	ĺ							
START YOUR ENGINES I, L.C. 1410 MAGELLAN DRIVE, SUITE 101 SARASOTA FL 34243							18. Principal Place of Business Address 1410 MAGELIAN DRIVE, SUITE 1 SARASOTA FL 34243 1075 Bu Riage RI SARASOTA FL 34041				
2 Principa	iness	2a. Mail	ng Address			3. Date Organized or Qualified 3a. State of Formation					
Suite, Apt #, etc				7.5 Bee ,	Ridg	e Rd.	08/19/1998 FL				
						(4) FEI Number Applied For					
City & State			Sura	City & State Sura Sola, FL			ĺ			Not Applicable ate of Status Desired	
Žip		Country	34	1112	Count	•				ional Fee Required	
			Current Registered	Agent		B. I Name	Name and Address	of New Regis	tered Agent	/Office	
5033	J. GEOFFI STREET, S L. 34237	REY SUITE 101		Street Address (P.O.) Suite, Apt. #, etc.			Na Ald Miller D. Box Number is Not Acceptable) 13 Oxe Ridge Rd				
 								rete			
				City Daya sof 6			FL 34041				
9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATU	RE	Ge gister J A a Co	titel IV	DATE 3/3/199							
10. Title	Managing Members/Managers			 	Business Street Address			City, State and Zip Code			
MGR	HAMIL	I .	1410 MAGELLAN DRIVE, S 7275 Be Ridge Rd			SARAS	OTA FI	. 34241			
						U			. (1)	- L	
					Sur			 			
									1002842818-002 -04/16/9301101-002 ****755.00 *****188.75		
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11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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, and that my name appears in Block 10, or on an attachment with an address.											
SIGNATURE: White ALD WITE DOUBLE AND THE ALD THE DESCRIPTION AND AND AND AND AND AND AND AND AND AN											