


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 013 ****55.00

DOCUMENT # M02000001292

1. Entity Name
CIGARETTE RACING TEAM, LLC



64070007

Principal Place of Business
**3131 N.E. 188TH STREET
 AVENTURA, FL 33180**

Mailing Address
**3131 N.E. 188TH STREET
 AVENTURA, FL 33180**



2. Principal Place of Business
4355 N.W. 128th ST.
 Suite, Apt. #, etc.

3. Mailing Address
4355 N.W. 128th ST.
 Suite, Apt. #, etc.

03052003 Chg-LLC CR2E083 (10/03)

City & State
OPA LOCKA, FL

City & State
OPA LOCKA, FL

4. FEI Number
03-0437876

Applied For
 Not Applicable

Zip
33054 Country
USA

Zip
33054 Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRALINS, MYLES J
 ONE BISCAYNE TOWER, SUITE 2930
 2 SOUTH BISCAYNE BLVD.
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 8, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

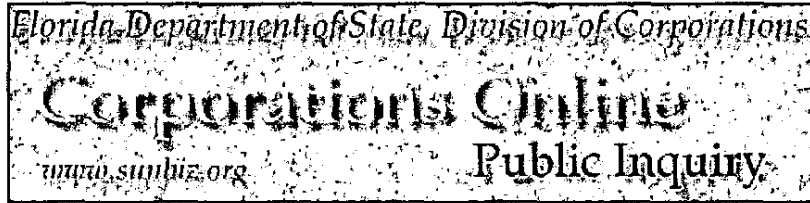
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAVER, SKIP 1030 EAST ILLINOIS ROAD LAKE FOREST, IL 60045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4355 NW 128th ST OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SKIP BRAVER 5/11/04 305-769-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

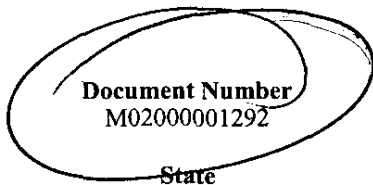


Foreign Limited Liability

CIGARETTE RACING TEAM, LLC

PRINCIPAL ADDRESS
3131 N.E. 188TH STREET
AVENTURA FL 33180

MAILING ADDRESS
3131 N.E. 188TH STREET
AVENTURA FL 33180



Document Number
M02000001292

FEI Number
030437876

Date Filed
05/21/2002

State
IL

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
TRALINS, MYLES J ONE BISCAYNE TOWER, SUITE 2930 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131
Name Changed: 07/29/2003
Address Changed: 07/29/2003

Manager/Member Detail

Name & Address	Title
BRAVER, SKIP 1030 EAST ILLINOIS ROAD LAKE FOREST IL 60045	MGR

* \$50 (tnm w/fee \$50)