2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # A94000001615 1. Entity Name HIALEAH SPEEDWAY, LIMITED Principal Place of Business Måiling Address 20458 OLD CUTLER ROAD MIAM! FL 33189 P.O. BOX 143914 CORAL GABLES FL 33114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0556103 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173 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. 11. FILE NOW!!! Bue by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and liffe if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$1,650,825,00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 13. 12. P94000074010 DOCUMENT # STREET ADDRESS HIALEAH SPEEDWAY MANAGEMENT CORP ! MAME 20458 OLD CUTLER ROAD STREET ADDRESS CHY ST-ZIP U00000331920 CITY ST ZIP MIAMI FL 33189 04/26/05-80034-015 535**.**00 P94000074014 DOCUMENT # STREET ADDRESS HIALEAH SPEEDWAY MANAGEMENT CORP II STREET ADDRESS 20458 OLD CUTLER ROAD CHY-ST-ZIP CITY ST ZIP MIAMI FL 33189 DOCUMENT # P94000074015 SECRET ADDRESS NAME HIALEAH SPEEDWAY MANAGEMENT CORP III CIRCET ADDRESS 20458 OLD CUTLER ROAD CITY-ST-ZIP CITY ST-ZIP MIAMI FL 33189 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DUCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP DOC#MENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST ZIP 14. Thereby 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 pame legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter \$20, Florida Statutes.

FILED