
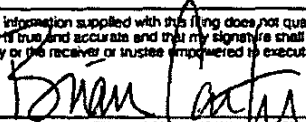


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/15

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-19-2006 90168 010 ****50.00

DOCUMENT # L05000053585			
1. Entity Name VOLUSIA OPERATIONS, LLC			
Principal Place of Business 250 MCGEE DRIVE, SUITE 147 NORMAN, OK 73072		Mailing Address 250 MCGEE DRIVE, SUITE 147 NORMAN, OK 73072	
2. Principal Place of Business 3600 W. Main St. Suite, Apt. #, etc. Suite 150 City & State Norman, OK Zip 73072 Country US		3. Mailing Address 3600 W Main St. Suite, Apt. #, etc. Suite 150 City & State Norman, OK Zip 73072 Country US	
4. FBI Number 84-0953839		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		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 _____ <small>Signature, typed or printed name of registered agent and see 4 applicable. (NOTE: Registered Agent signature required when transferring)</small>			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BOUNDLESS TRACK OPERATIONS, INC. 250 MCGEE DRIVE, SUITE 147 NORMAN, OK 73072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Mgr. Dirt Motor Sports, Inc. 3600 W MAIN St., Suite 150 Norman, OK 73072 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		Date: 5/1/06 405-360-0858	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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