


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90024 005 \*\*\*\*50.00

<b>DOCUMENT # L05000053585</b> 1. Entity Name <b>VOLUSIA OPERATIONS, LLC</b>	
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Principal Place of Business <b>3600 W. MAIN ST. SUITE 150 NORMAN, OK 73072</b>	Mailing Address <b>3600 W. MAIN ST. SUITE 150 NORMAN, OK 73072</b>
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**60055510**



2. Principal Place of Business - No P.O. Box # <b>7575 West Winds Blvd.</b>	3. Mailing Address <b>7575 West Winds Blvd.</b>
Suite, Apt. #, etc. <b>D</b>	Suite, Apt. #, etc. <b>D</b>

08292007 Chg-LLC CR2E083 (12/06)

City & State <b>Concord, NC</b>	City & State <b>Concord, NC</b>
Zip <b>28027</b>	Zip <b>28027</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>84-0953839 90-0284113</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold; font-size: 18px;">FL</div> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME DIRT MOTOR SPORTS, INC. STREET ADDRESS 3600 W. MAIN ST., SUITE 150 CITY-ST-ZIP NORMAN, OK 73072	<input type="checkbox"/> Delete <b>DIRT MOTOR SPORTS INC</b>	TITLE MGR NAME DIRT MOTOR SPORTS, INC STREET ADDRESS 7575 West Winds Blvd, Suite D CITY-ST-ZIP Concord, NC 28027	<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:**       Jana Elah, MGR       8/29/07 704-707-0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #