

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 12 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001146
RC RACING, L.C.
ROUTE 1 BOX 3323
W. HAVANA FL 32333

1a. Principal Place of Business Address
ROUTE 1 BOX 3323
W. HAVANA FL 32333

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/31/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
						<input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
LANGSTON, D. LANCE 303 DESOTO STREET TALLAHASSEE FL 32303				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, etc.			
				City		Zip Code	
				FL			

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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)
500002295245-0
DATE 09/17/97 01050-002
***\$88.75 ***\$88.75

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CARMICHAEL, RICKY L	ROUTE 1 BOX 3323	W. HAVANA FL
MGRM	CARMICHAEL, RICKY	ROUTE 1 BOX 3323	W. HAVANA FL
MGRM	CARMICHAEL, JEAN A	ROUTE 1 BOX 3323	W. HAVANA FL

OK
9-15

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ Date 9/10/97 Daytime Phone # _____