

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 24 AM 9:55

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DOCUMENT # L98000000328
1 Name and Mailing Address of Limited Liability Company
PENSACOLA MOTORSPORTS, L.C.
620 NEW WARRINGTON RD
PENSACOLA FL 32506

1a. Principal Place of Business Address
620 NEW WARRINGTON RD
PENSACOLA FL 32506

2 Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
Escambia

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country
Escambia

3. Date Organized or Qualified
03/16/1998

3a. State of Formation
FL

4. FEI Number
72-1412261
 Applied For
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
EVANS, JAMES G
620 NEW WARRINGTON RD
PENSACOLA FL 32506

8. Name and Address of New Registered Agent/Office
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 _____ DATE _____
(Registered Agent) (Applying Agent) (Trustee) (SOLE Registered Agent) (signature required) (Authorized Officer)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	EVANS, JAMES G <i>pd.</i>	620 NEW WARRINGTON RD	PENSACOLA FL <i>Dec</i>

000002800200-4
-03/09/98--01095--018
****188.75 ****188.75

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: *[Signature]* James G. Evans *2/18/99* 850-456-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MEMBER/EMPLOYEE