2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # L04000012038** 04-04-2005 90432 020 ****50.00 737 WEST INTERNATIONAL SPEEDWAY, L.L.C. Principal Place of Business Mailing Address **201 TRISMEN TERRACE 201 TRISMEN TERRACE** WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E083 (10/03) Chg-LLC - City & State City & State 4. FEI Number Applied For Not Applicable 51-0533493 Zip Country Zio Country \$5.00 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 LEFKOWITZ, IVAN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 430 NORTH MILLS AVENUE ORLANDO, FL 32789 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change TITLE MGR ☐ Delete TITLE ☐ Addition GREENE, RANDALL B NAME NAME STREET ADDRESS 201 TRISMEN TERRACE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-719 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP City-SI-79 ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I 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 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.

FILED

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date