## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

1030 International Speedway Boulevard, LTD.\*

SIGNATURE:

## Jul 16, 2004 08:00 AM DOCUMENT # A96000002370 Secretary of State 1. Entity Name 1030 INTERNATIONAL SPEEDWAY BOULEVARD, LTD. Mailing Address Principal Place of Büsiness C/O DETLEF G. LEHNARDT 20 WESTWOODS DRIVE C/O DETLEF G. LEHNARDT 20 WESTWOODS DRIVE LIBERTY MO 64068 LIBERTY MO 64068 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc Suite, Apt. #, etc. CR2E003 (11/03) 43-1765558 City & State Applied For City & State 4. FEI Number <del>43-1765093</del> Not Applicable Z Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) DEBORAH D. SKIPPER 1201 HAYES STREET TALLAHASSEE FL 32301-2525 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 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 18. Amount of Capital Contributions \$411,500.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be tiled to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. M96000000510 DOCUMENT # STREET ADDRESS 1030 INTERNATIONAL SPEEDWAY BLVD., L.L.C. NAME STREET ADDRESS 20 WESTWOODS DRIVE CITY-ST-73P CITY ST-ZIP LIBERTY MO 64068 <del>U00000165U29</del> 07/16/04-80014-005 926.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-SY-719 DOCUMENT # STREET ADDRESS MAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-5T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CRY-ST-2IP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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 it made under oath, that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**FILED** 

6/28/2004

816-407-1400