

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003715

Entity Name: FLIS MOTORSPORTS, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

560 PARQUE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

264 CARSWELL AVE
HOLLY HILL, FL 32117

Current Mailing Address:

560 PARQUE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

264 CARSWELL AVE
HOLLY HILL, FL 32117

FEI Number: 59-3635883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLIS, TROY C
560 PARQUE DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

FLIS, TROY C
758 N. RIDGEWOOD AVE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FLIS, TROY C
Address: 560 PARQUE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: FLIS, MICHELLE L
Address: 560 PARQUE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLIS, TROY C
Address: 758 N. RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change () Addition
Name: FLIS, MICHELLE L
Address: 758 N. RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHELLE L. FLIS

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date