

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90094 037 ****50.00

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DOCUMENT # L01000002798 1. Entity Name CASSE RACING, LLC					
Principal Place of Business 6550 SW 68TH STREET OCALA, FL 34476			Mailing Address 6550 SW 66TH STREET OCALA, FL 34476		
2. Principal Place of Business 6650 SW 66TH ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Ocala FL 34476		City & State Ocala FL 34476		4. FEI Number 59-3699172	
Zip 34476		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSE, TINA M 6450 SW 66TH STREET OCALA, FL 34476			7. Name and Address of New Registered Agent Name: CASSE, Tina M Street Address (P.O. Box Number is Not Acceptable): 6650 SW 66TH STREET City: Ocala FL Zip Code: 34476		
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 the obligations of registered agent. SIGNATURE: Tina M. Casse <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting))</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSE, MARK E 6556 SW 73 STREET OCALA, FL 34476	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Casse, Mark E 6650 SW 66TH ST Ocala, FL 34476
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE:			1/16/06 352-622-6401 <small>Date Daytime Phone #</small>		