

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007243

Entity Name: J & J RACING, L.C.

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

1740 KOKOMO RD.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1740 KOKOMO RD.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3716802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JAMES SR
1740 KOKOMO ROAD
HAINES CITY, FL 32303 US

Name and Address of New Registered Agent:

WALL, HOSLER L
225 E. LEMON STREET, SUITE 205
LAKELAND, FL 33801 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: HOSLER LEE WALL

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEWART, JAMES JR.
Address: 1740 KOKOMO RD.
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: STEWART, SONJA
Address: 1740 KOKOMO RD.
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: STEWART, JAMES
Address: 1740 KOKOMO RD.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES M. STEWART, JR

MGRM

03/24/2008

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