

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007243

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

FILED
Jan 27, 2009
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:

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

Name and Address of New Registered Agent:

WALL, HOSLER L
212 E. HIGHLAND DRIVE #201
LAKELAND, FL 33813 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: H. LEE WALL

01/27/2009

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

01/27/2009

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