2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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Apr 18, 2006 8:00 am Secretary of State DOCUMENT #L01000011882 04-18-2006 90011 040 ****50.00 1. Entity Name RACÉTRACK, LLC Principal Place of Business Mailing Address 362 N. BEAL PKWY 362 N. BEAL PKWY - P.O. Box 343 102 Sunset Lane STE 1051 Shalimar, FL STE 105 Thalimar, FL FT. WALTON BEACH FT. WALTON BEACH 32579 32579 04032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3735261 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLEET, H. BART DO NOT WRITE FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY Nabors, James IN THIS SPACE SHALIMAR, FL 32579-0000 17 Longwood D Thalimar, FL 32579 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 Signature, typed or prir Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE 17 Longwood Dr. Shalimer, FL 32579 NABORS, JAMES E NAME STREET ADORESS 362 NW BEAL PKWY CITY-ST-ZIP FORT WALTON BEACH, PL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DTLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

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