## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

## FILED May 02, 2007 08:00 AM Secretary of State **DOCUMENT # L01000011882** 1. Entity Name RACÉTRACK, LLC Principal Place of Business Mailing Address 102 SUNSET LN PO BOX 343 SHALIMAR, FL 32579 SHALIMAR, FL 32579 04302007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 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 1104 EGLIN PAKRWAY SHALIMAR, FL 32579 IN THIS SPACE 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent aigneture required when reinstating) BDB000755784 Filing Fee is \$50.00 Due by May 1, 2007 05/23/07-80045-009 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME NABORS, JAMES E STREET ADDRESS 17 LONGWOOD DR SHALIMAR, FL 32579 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THTLE IN THIS SPACE STREET ADDRESS CITY-ST-ZP TITLE NAME

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.

SIGNATURE: SIGNATURE AND TYPED