

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000311

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA OPEN WHEEL LITES, LLC

Current Principal Place of Business:

4319 CLOVERCREST DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

4319 CLOVERCREST DR.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 04-3585707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NYHAN, DANIEL J
4319 CLOVERCREST DR.
NEW SMYRNA BEACH, FL 32168

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NYHAM, DANIEL J
Address: 4319 CLOVERCREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 321689106

Title: MGRM () Delete
Name: DAVIS, JERALD
Address: 3 OCEANS WEST BLVD.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: MGRM () Delete
Name: LUNDEEN, RICHARD
Address: 1327 ALTMAN ROAD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NYHAN, DANIEL J
Address: 4319 CLOVERCREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 321689106

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 for the exemption stated in Section 119.07(3)(i), 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: DANIEL J NYHAN

MGRM

04/29/2004

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