

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90127 023 \*\*\*\*50.00

DOCUMENT # L02000000311

1. Entity Name

FLORIDA OPEN WHEEL LITES, LLC



Principal Place of Business

4319 CLOVERCREST DR.  
NEW SMYRNA BEACH FL 32168

Mailing Address

4319 CLOVERCREST DR.  
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3 Oceans West Blvd

Suite, Apt. #, etc.

APT 2C6

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Address

3 Oceans West Blvd

Suite, Apt. #, etc.

APT 2C6

City & State

Daytona Beach, FL

Zip

32118

Country

USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

04-3585707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name DAVIS, Jerald M

Street Address (P.O. Box Number is Not Acceptable)

3 Oceans West Blvd, Apt 2C6

City

Daytona Beach

FL

Zip Code

32118

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

*Jerald M Davis*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NYHAN, DANIEL J	
STREET ADDRESS	4319 CLOVERCREST DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168-9106	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIS, JERALD	
STREET ADDRESS	3 OCEANS WEST BLVD.	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUNDEEN, RICHARD	
STREET ADDRESS	1327 ALTMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3 Oceans West Blvd, Apt 2C6	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Jerald M Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/05 (386) 295 8025  
Date Daytime Phone #