


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002247 1. Entity Name VORTEX SPRING SPEEDWAY LLC	
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Principal Place of Business HIGHWAY 81 4 MILES NORTH OF I-10 PONCE DE LEON, FL 32455	Mailing Address HIGHWAY 81 4 MILES NORTH OF I-10 PONCE DE LEON, FL 32455
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2004494	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TAYLOR, CONNIE R
1517 VORTEX SPRING LANE
PONCE DE LEON, FL 32455

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000044927
02/11/04-80042-002 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, CONNIE 1517 VORTEX SPRING LANE PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOCKERY, DENZEL J 1519 VORTEX SPRING LANE PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, DANNY 1517 VORTEX SPRING LANE PONCE DE LEON, FL 32455
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Connie Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/9/04 (850)
836-4979