

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002247

FILED
Feb 10, 2006
Secretary of State

Entity Name: VORTEX SPRING SPEEDWAY LLC

Current Principal Place of Business:

HIGHWAY 81 4 MILES NORTH OF I-10
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

HIGHWAY 81 4 MILES NORTH OF I-10
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 59-2004494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, CONNIE
Address: 1517 VORTEX SPRING LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM () Delete
Name: DOCKERY, DENZEL J
Address: 1519 VORTEX SPRING LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM () Delete
Name: TAYLOR, DANNY
Address: 1517 VORTEX SPRING LANE
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: CONNIE TAYLOR

MGR.

02/10/2006

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