## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # L02000004070  1. Entity Name MOTORSPORT, L.L.C.						04-29-2005	•	23 ****50	.00
Principal Place of Business 2033 MAIN ST., STE. 600 SARASOTA, FL. 34237		Mailing Address 2033 MAIN ST., STE. 600 SARASOTA, FL 34237		1					
2. Principal Place of Business		3. Mailing Address							
						}	ULI B BUU 1360U BB	1881 ()) (68)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State		4. FEI Numb			<del>  -   -  </del>	plied For at Applicable	
Zip	Country	Zip Country		try	1	of Status Desired		\$5.00 Add	fitional
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New F			
MYFRS. T	ROY H JR ESQ			Name					
MYERS, TROY H JR ESQ 2033 MAIN ST., STE. 600 SARASOTA, FL 34237				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
				City				Zip Cod	a .
9. The chara comed early a homita this statement for the currence of changing its registration					FE   `				
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 reinstating)  DATE									
Filing Fee Is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State					
									9
9.	ue by May 1, 2005  MANAGING MEMBEF		10.		,		a Departm	ent of State	
D	ue by May 1, 2005	RS/MANAGERS	10. TITLE	į.	,	Florid	a Departm	ent of State	Addition
9.	ue by May 1, 2005  MANAGING MEMBER  MGR		TITLE NAME STREE	į.	,	Florid	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR MYERS, TROY H JR 2033 MAIN ST., STE. 600		TITLE NAME STREE CITY-	E ET ADDRESS - ST- ZIP		Florid	a Departm	ent of State	
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE