

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024540**

1. Entity Name  
**NASKART RACEWAYS, LLC**



Principal Place of Business  
**26000 EMERALD COAST PKWY.  
DESTIN, FL 32541**

Mailing Address  
**609 COUNTRY CLUB AVE  
FORT WALTON BEACH, FL 32547**



08102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3068304**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WEIMORTS, MICHAEL L ESQ.  
SUITE 209, THE PLAZA  
4507 FURLING LANE  
DESTIN, FL 32541**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHAHID, KEVIN  
775 GULF SHORE DR, APT 8101  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
SHAHID, KEVIN  
775 GULF SHORE DR, APT 8101  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RECTOR, LESLIE  
5535 CROSS GATE CT  
ATLANTA, GA 30327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000375254  
08/12/05-200002-001 \$50.00

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:** *Kevin Shahid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*8-10-05*

Date

Day/ite Phone #