## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 25, 2005 08:00 AM Secretary of State

|   |   |                 |                            | - Caa   | untarry of State   |
|---|---|-----------------|----------------------------|---|--|
| DOCUMENT # L02000031247  1. Entity Name ARNOLD MOTORSPORTS, LLC   |   |                 |                            | Seci  | retary of State  |
| Principal Place of Business  3073 SOUTH HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104  Mailing Address  3073 SOUTH HORSESHOE DRIVE NAPLES, FL 34104 |   |                 | VE, SUITE 118              | · <del>.</del> 7  |  |
| Allahan III   |   |                 |                            |   |  |
|   | OO NOT WRITE  | IN THIS SPA     | CE                         | FEI Number     16-1643254     Certificate of Status Desired | CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional   |
|   | 6. Name and Address of Current R  | egistered Agent |                            |   | Fee Required   |
| ARNOLD, DONALD L<br>3073 SOUTH HORSESHOE DRIVE, SUITE 118<br>NAPLES, FL 34104   |   |                 | DO NOT WRITE IN THIS SPACE |   |  |
| the obliget   | s named entity submits this statement for titions of registered agent.  Signature, types of printed name of registered agent an liling Fee is \$50.00 to by May 1, 2005 | Old             | ed office or register      |   | la. I am familiar with, and accept   |
| 9.  | MANAGING MEMBER   | S/MANAGERS      |                            |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR<br>ARNOLD, DONALD L<br>3073 SOUTH HORSESHOE DRIV<br>NAPLES, FL 34104  | E, SUITE 118    |                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                 |                            | U000002<br>03/25/05-8                                       | 75490<br>9002-007 50.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                 |                            | DO NOT WE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | -               |                            | IN THIS SPA   | ACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | -   |                 |                            |   | And the same of th |
| TITLE NAME STREET ADDRESS   |   |                 |                            |   | 200000000000000000000000000000000000000  |

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver perfusion empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

3*123/*05

a39-643-6333

Daytime Phone #