

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012455**

**1. Entity Name**  
**CLEMENTS RACING LLC**



**Principal Place of Business**

**4685 MILDRED BASS RD**  
**ST CLOUD, FL 34772**

**Mailing Address**

**4685 MILDRED BASS RD**  
**ST CLOUD, FL 34772**

**DO NOT WRITE IN THIS SPACE**



02232005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**56-2340893**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**CLEMENTS, KARL D**  
**4685 MILDRED BASS RD**  
**ST CLOUD, FL 34772**

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**CLEMENTS, KARL D**  
**4685 MILDRED BASS RD**  
**ST CLOUD, FL 34772**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**CLEMENTS, TRACY D**  
**4685 MILDRED BASS RD**  
**ST CLOUD, FL 34772**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

1100000243946  
02/25/05-80062-016 55.00

**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:** Karl D. Clements **KARL D. CLEMENTS**

2-23-2005 (407) 448-4559

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

Date

Daytime Phone #