


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90040 019 \*\*\*\*50.00

<b>DOCUMENT # L03000050105</b>	
1. Entity Name <b>KMW MOTORSPORTS, LLC</b>	

Principal Place of Business <b>1661 NW 1ST COURT BOCA RATON, FL 33432</b>	Mailing Address <b>1661 NW 1ST COURT BOCA RATON, FL 33432</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>1538 NW 1st Ave</b> City & State <b>Boca Raton Florida</b> Zip <b>33432</b>	3. Mailing Address Suite, Apt. #, etc. <b>1538 NW 1st Ave</b> City & State <b>Boca Raton Florida</b> Zip <b>33432</b>
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07222005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>84-1629241</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WHEELER, KEVIN M 1661 NW 1ST COURT BOCA RATON, FL 33432</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEVIN, WHEELER M <del>1661 NW 1ST COURT</del> <b>1538 NW 1st Ave</b> BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIMBERLY, WHEELER <del>1661 NW 1ST COURT</del> <b>1538 NW 1st Ave</b> BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7-22-05** **561-392-3020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #