

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053462

FILED
Apr 25, 2005
Secretary of State

Entity Name: RACETRACK STATE ROAD 16, LLC

Current Principal Place of Business:

1945 STATE ROAD 16
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1945 STATE ROAD 16
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 90-0130503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEARING, MARK C
2215 SOUTH THIRD STREET
#101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KIRSCHMAN, ART
Address: 1200 SHUTTE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: D'ANGELO, ANTHONY
Address: 1945 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: D'ANGELO, GLORIA
Address: 1945 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTHONY D'ANGELO

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date