## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # L03000054461 BRETT CARLTON MOTORSPORTS, LLC Principal Place of Business Mailing Address 1544 C ROAD 1544 C ROAD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 US 04122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0640155 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARLTON, LARRY DO NOT WRITE 1544 C ROAD LOXAHATCHEE, FL 33470 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relietating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 71000010308761 04/16/05-80010-016 50.00 MGRM TITLE CARLTON, LARRY NAME STREET ADDRESS **1544 C ROAD** CITY-ST-ZIP LOXAHATCHEE, FL 33470 MGRM TITLE CARLTON, BRETT NAME STREET ADDRESS 1544 C ROAD LOXAHATCHEE, FL 33470 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

-12-05 SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date