2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000054461

1. Entity Name

BRETT CARLTON MOTORSPORTS, LLC



FILED Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1544 C ROAD

LOXAHATCHEE, FL 33470 US

1544 C ROAD

LOXAHATCHEE, FL 33470



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0640155 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON, LARRY 1544 C ROAD LOXAHATCHEE, FL 33470

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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.

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, 2007 000000586796 01/17/07-80008-009 50.00

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CARLTON, LARRY NAME STREET ADDRESS 1544 C ROAD CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME CARLTON, BRETT 1544 C ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 cath; 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:

CITY-ST-ZIP

JRE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/11/02

561-798-2587

Daytime Phone #