2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L04000028204** 1. Entity Name SIMPSON ENTERPRISE GROUP RACING LLC 04-19-2005 90024 035 ****50.00 Principal Place of Business Mailing Address 2167 LITTLE BROOK LANE 2167 LITTLE BROOK LANE CLEARWATER, FL 33763 CLEARWATER, FL 33763 2. Principal Place of Business 3. Mailing Address 7316 Desert 7316 Desert Ridge Colen 03272005 Chg-LLC CR2E083 (10/03) Oity & State Applied For City & State 4. \$\text{Number} \\ \delta - 00866 Braden ton Not Applicable \$5.00 Additional 5. Certificate of Status Desired 4202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SIMPSON; BRYAN D 2167 LITTLE BROOK LANE CLEARWATER, FL 33763 Desert 61er 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 regis SIGNATURE lature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE BYCHIN Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ! ☐ Oelete TITLE **Change** ☐ Addition SIMPSON, BRYAN D NAME NAME 7316 Desert Ridge Colen 2167 LITTLE BROOK LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33763 CITY-ST-7IP Bradenton, PL 34202 ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete me ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete III) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Daytime Phone # ED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED