

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90010 050 ****50.00

DOCUMENT # **LO4000031299**
1. Entity Name

GRAND PRIX TAMPA, LLC

DO NOT WRITE IN THIS SPACE

20028801

2. Principal Place of Business
14320 N NEBRASKA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State

4. FEI Number
20-1203908

Applied For
Not Applicable

Zip
33613

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JULES ROSS

Street Address (P.O. Box Number is Not Acceptable)
14320 N. NEBRASKA AVENUE

City
TAMPA

FL

Zip Code
33613

DO NOT WRITE
IN THIS SPACE

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 JULES ROSS

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
JULES ROSS
14320 N. NEBRASKA AVENUE
TAMPA, FL 33613

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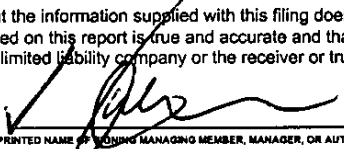
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  JULES ROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)