



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-02-2005 90111 006 ****50.00

DOCUMENT # L04000058115					
1. Entity Name EVANS SPEEDWAY, LLC					
Principal Place of Business P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170-1685			Mailing Address P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170-1685		
2. Principal Place of Business 506 N Riverside Dr			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 32168	Country	Zip	Country	4. FEI Number 36-40559208	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OSWALD, KENNETH F ATTY. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVANS, JERRY C P.O. BOX 1685 NEW SMYRNA BEACH, FL 321701685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Jerry C. Evans May 10, 2005 386-423-8884		
SIGNATURE VERIFIED ON PRINTED FORM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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