

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-03-2007 90259 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000058115 1. Entity Name EVANS SPEEDWAY, LLC	
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Principal Place of Business 506 N RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168	Mailing Address P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170-1685
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-4559208	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OSWALD, KENNETH F ATTY. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, JERRY C P.O. BOX 1685 NEW SMYRNA BEACH, FL 321701685
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IN THIS SPACE**

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 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 By: Jerry C. Evans 5/30/07 386-423-8884
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000058115

1. Entity Name
EVANS SPEEDWAY, LLC



Principal Place of Business
**506 N RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**P.O. BOX 1685
NEW SMYRNA BEACH, FL 32170-1685**

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01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4559208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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SIGNATURE _____

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

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
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STREET ADDRESS
CITY- ST- ZIP
**MGRM
EVANS, JERRY C
P.O. BOX 1685
NEW SMYRNA BEACH, FL 321701685**

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SIGNATURE BY: *Jerry C. Evans* **Jerry C. Evans**

5/30/07

386-423-8884

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

Date

Daytime Phone #

ATTACHMENT
30009927