

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 034 ****55.00

DOCUMENT # L04000061151

1. Entity Name
GERMAIN RACING, LLC



Principal Place of Business
**659 AIRPORT PULLING ROAD
NAPLES, FL 34114**

Mailing Address
**659 AIRPORT PULLING ROAD
NAPLES, FL 34114**

60040014



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0100531

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**William L. Rogers
10661 Airport Pulling Road
Suite 16
Naples, FL 34109**

**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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HILLMAN ENTERPRISES, LLC 4633 TRIPLE CROWN DRIVE CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERMAIN MOTOR SPORTS, LLC 13315 N TAMiami Trl NAPLES, FL 33963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCCARTHY, SEAN H 4130 MORSE CROSSING COLUMBUS, OH 43219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: _____

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

4/27/06

Date

239-643-6166

Daytime Phone #