
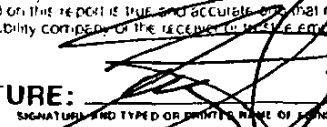


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-06-2007 90189 017 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ROGERS, WILLIAM L. 10661 AIRPORT PULLING ROAD SUITE 16 NAPLES, FL 34109		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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and the filer (SEE INSTRUCTIONS) (NOTE: Registered Agent signature required when re-filing)</small>				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNOLD, DONALD L 4633 TRIPLE CROWN DRIVE CONCORD, NC 28027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERMAIN, ROBERT L JR 13315 N TAMiami TrL NAPLES, FL 33963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCCARTHY, SEAN H 4130 MORSE CROSSING COLUMBUS, OH 43219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 registered office empowered to execute this report as required by Chapter 606, Florida Statutes.				
SIGNATURE: 		4.30.07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Can</small>	<small>Company Phone #</small>	

60051557



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **27-0100531** Applied For Not Applicable

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