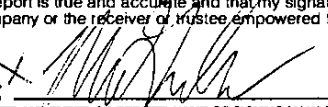


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90034 019 ****50.00

DOCUMENT # L04000064798 1. Entity Name MCG RACING, LLC																																																																																																																													
Principal Place of Business 2790 RANCH ROAD LAKE HELEN, FL 32744			Mailing Address 2790 RANCH ROAD LAKE HELEN, FL 32744																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17 UNIVERSITY CIRCLE																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State DELAND FL		4. FEI Number 20-1654067																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																									
Zip 32724		Country VOLUNIA		04132007 Chg-LLC CR2E083 (12/06)																																																																																																																									
6. Name and Address of Current Registered Agent SPORTSLINK CONSULTING, LC 545 DELANEY AVE BLDG 4 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 reconstituting) DATE _____																																																																																																																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOERKE, MATTHEW C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2790 RANCH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE HELEN, FL 32744</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOERKE, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2790 RANCH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE HELEN, FL 32744</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOERKE, CINDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2790 RANCH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE HELEN, FL 32744</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VALINDA G. WIMER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 UNIVERSITY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GOERKE, MATTHEW C		STREET ADDRESS	2790 RANCH ROAD		CITY-ST-ZIP	LAKE HELEN, FL 32744		TITLE	MGR	<input type="checkbox"/> Delete	NAME	GOERKE, GARY		STREET ADDRESS	2790 RANCH ROAD		CITY-ST-ZIP	LAKE HELEN, FL 32744		TITLE	MGR	<input type="checkbox"/> Delete	NAME	GOERKE, CINDY		STREET ADDRESS	2790 RANCH ROAD		CITY-ST-ZIP	LAKE HELEN, FL 32744		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	VALINDA G. WIMER		STREET ADDRESS	17 UNIVERSITY CIRCLE		CITY-ST-ZIP	DELAND, FL 32724		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  4/16/07 (386) 717.6770																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																													