

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090246

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA MOTORSPORTS GROUP, LLC

Current Principal Place of Business:

1406 SE 10TH STREET
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1406 SE 10TH STREET
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-1991732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, JONATHAN P
1406 SE 10TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEONARD, JONATHAN P
Address: 1406 SE 10TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR () Delete
Name: WOODARD, RICHARD R
Address: 1406 SE 10TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WOODARD, RICHARD R
Address: 4720 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR () Change (X) Addition
Name: HOLTZ, KRISTINE L
Address: 4720 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KRISTINE HOLTZ

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date