


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-11-2006 90090 025 ****50.00

DOCUMENT # L05000010465								
1. Entity Name TRACK TIMES, L.L.C.								
Principal Place of Business 9699 NW COUNTY HIGHWAY 25 A OCALA, FL 34482			Mailing Address 9699 NW COUNTY HIGHWAY 25 A OCALA, FL 34482					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			City & State					
Zip	Country	Zip	Country	4. FEI Number				
				08102006 Chg-LLC CR2E083 (11/05)				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DICKMAN, BERNARD G 9699 NW COUNTY HIGHWAY 25 A OCALA, FL 34482				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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small>								
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State					
MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PUBLISHER/DIRECTOR							<input type="checkbox"/> Delete
	BERNARD G. DICKMAN	9699 NW County Hwy 25A	OCALA, FL 34482					<input type="checkbox"/> Delete
								<input type="checkbox"/> Delete
								<input type="checkbox"/> Delete
								<input type="checkbox"/> Delete
								<input type="checkbox"/> Delete
								<input type="checkbox"/> Delete
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 <i>Bernard G. Dickman</i> - Bernard G. DICKMAN				Date 8/10/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 352-867-1582				

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