


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90407 026 ****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
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6. Name and Address of Current Registered Agent

DICKMAN, BERNARD G
9699 NW COUNTY HIGHWAY 25 A
OCALA, FL 34482

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICKMAN, BERNARD G 9699 NW COUNTY HWY 25A OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Bernard Dickman* - **Bernard DICKMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

40118451



05162007No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5/15/07 352-867-1582
Date Daytime Phone #