2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Jan 17, 2007 08:00 AM **DOCUMENT # L05000031791** Secretary of State RACER PROPERTIES, LLC Principal Place of Business Mailing Address 20 OAK ST. 20 OAK ST. FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 CR2E083 (11/05) 01032007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2818051 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAUGHT, BRUCE A DO NOT WRITE **385 HIGHWAY 98** 220 IN THIS SPACE DESTIN, FL 32541 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000589875 01717707-80096-006 50.00

Filing Fee Is \$50.00 Due by May 1, 2007

9.

TITLE **MGRM** HARRINGTON, JAMES B NAME 20 OAK ST. STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

MANAGING MEMBERS/MANAGERS

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida indicated on this report is true and accurate and trot my signature shall have the same legal effect as if made under oath; that I limited liability company or the sceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	Statutes. I further certify that the Information
indicated on this report is true applaccurate and this try 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 society of rustest empowered to execute this report as required by Chapter 608, Fiorida Statutes.	

ND TYPED OR PROITED NAME OF KING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE 1/10/2007 (850)863-3103