

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062009

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Entity Name:** LEPRECHAUN RACING 2006, LLC

**Current Principal Place of Business:**

3705 N.W. 103TH AVENUE  
OCALA, FL 34482

**New Principal Place of Business:**

3825 N.W. 130TH AVENUE  
OCALA, FL 34482

**Current Mailing Address:**

3705 N.W. 103TH AVENUE  
OCALA, FL 34482

**New Mailing Address:**

3825 N.W. 130TH AVENUE  
OCALA, FL 34482

**FEI Number:** 20-2975003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZ, B. PAUL  
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

LEPRECHAUN RACING MANAGEMENT, INC.  
3825 NW 130TH AVE  
OCALA, FL 34482 US

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: MICHAEL MULLIGAN

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEPRECHAUN RACING MA, NAGEMENT, INC.  
Address: 3705 N.W. 103TH AVENUE  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEPRECHAUN RACING MA, NAGEMENT, INC.  
Address: 3825 N.W. 130TH AVENUE  
City-St-Zip: Ocala, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL MULLIGAN

MGR

01/11/2006

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