


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2006 JAN 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000081307					
1. Entity Name BT RACING, LLC					
Principal Place of Business C/O ROBERT A. PIERCE 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805			Mailing Address C/O ROBERT A. PIERCE 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805		
2. Principal Place of Business 5355 Dry Creek Drive		3. Mailing Address 5355 Dry Creek Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNLEY, BEN C/O 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 323011805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNLEY, BEN 5355 DRY CREEK DRIVE TALLAHASSEE, FL 32309	
[Delete]			[Change] [Addition]		
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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: _____			01/21/06		850 LAF 7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #