


FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90036 040 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| DOCUMENT # L05000103873 | |  | |
| 1. Entity Name TRC, THE RACING CONSULTANT, LLC | | | |
| Principal Place of Business 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176 | | Mailing Address 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JIMENEZ, MARCEL 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176 | | 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 JIMENEZ, MARCEL 2220 OCEAN SHORE BLVD., #101-A ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: _____ | | 01-10-2006 386-4411 6202 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |