2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Aug 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000105169** 1. Entity Name 08-01-2006 90064 020 ****50.00 MOYA RACING LLC Principal Place of Business Mailing Address 6565 NW 12TH ST 6565 NW 12TH ST OCALA, FL 34482 OCALA, FL 34482 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signeture required when re Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete MLE ☐ Change ☐ Addition WORDEN, PATRICK C NAME STREET ADDRESS 6565 NW 12TH ST STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP MGRM □ Delete Change ☐ Addition NAME MOYA, JULIA NAME STREET ADDRESS 6565 NW 12TH ST STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-7IP MLE ☐ Delete mı ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TELLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete MLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete THE ☐ Addition NAME NAME STREET ADDRESS 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 cath; that I am a managing member or manager of the limited liability company of the ed to execute this report as required by Chapter 608, Florida Statutes.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED