2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L06000002316

Entity Name: FIRST COAST RACING, LLC

Current Principal Place of Business:

10850 GRAYSON ST
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350922
JACKSONVILLE, FL 32235 US

New Mailing Address:

FEI Number: 20-4154585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFORD, ROBERT B
8003 VIRGO ST
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HASTY, JOSHUA M
Address: P.O. BOX 350922
City-St-Zip: JACKSONVILLE, FL 32235 US

Title: MGRM ( ) Delete
Name: MCGUIRE, JONATHAN
Address: 10850 GRAYSON ST
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: D ( ) Delete
Name: ROLLINGS, ANDREW
Address: 2403 HIRSCH AVE
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: TRIBBLE, JOHN
Address: 11111-70 SAN JOSE BLVD SUITE 192
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN MCGUIRE MGRM 01/08/2008

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