2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L06000007207** 02-18-2008 90075 044 ***138.75 1. Entity Name RACING LLC Principal Place of Business Mailing Address **400 LESLIE DRIVE** PO BOX 790 60008833 HALLANDALE, FL 33008 US 802 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2742 BISCAYNE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For MIAMI FL 98-0481818 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33137 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISAAC MATZ PA BENOZILLO, JACOBO Street Address (P.O. Box Number is Not Acceptable) 2742 BISCAYNE BLVD 400 LESLIE DRIVE 802 HALLANDALE, FL 33009 Zip Code 33137 City MIAMI 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 2-13-08 JAY BORSKY SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Detete TITLE ☐ Change ☐ Addition BENOZILLO, JACOBO : NAME NAME PO BOX 790 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change . ☐ Addition BENOZILLO, ISRAEL NAME NAME PO BOX 790 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL 33009 **MGRM** Change ☐ Addition TITLE Delete TITLE BENOZILLO, EDUARDO NAME NAME STREET ADDRESS PO BOX 790 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

JACOBO BENOZILLO

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED Feb 18, 2008 8:00 am

305-573-6640

Daytime Phone #

2-13-08