
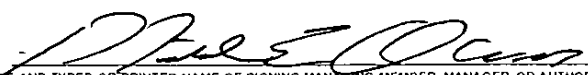


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90200 003 ****55.00

DOCUMENT # L06000109605 1. Entity Name OWENS RACING LLC					
Principal Place of Business 616 RIDGE BLVD. SOUTH DAYTONA FL 32119			Mailing Address 616 RIDGE BLVD. SOUTH DAYTONA FL 32119		
2. Principal Place of Business - No P.O. Box # 2090 S. NOVA ROAD		3. Mailing Address 2090 S. NOVA RD			
Suite, Apt. #, etc. SUITE #AA17		Suite, Apt. #, etc. SUITE #AA17			
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL			
Zip 32119		Country FLORIDA		Zip 32119	
Country FLORIDA		Country FLORIDA			
4. FEI Number 020-5868282					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete	
	MGR	OWENS, MICHAEL E	616 RIDGE BLVD. SOUTH DAYTONA FL 32119	<input type="checkbox"/>	
	MGR	OWENS, ALEXANDRA	616 RIDGE BLVD. SOUTH DAYTONA FL 32119	<input type="checkbox"/>	
	S	OWENS, MICHAEL E	616 RIDGE BLVD. SOUTH DAYTONA FL 32119	<input type="checkbox"/>	
	T	OWENS, ALEXANDRA	616 RIDGE BLVD. SOUTH DAYTONA FL 32119	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Feb 7, 2007 386-763-2378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					