2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109605

Entity Name: OWENS RACING LLC

Address:

City-St-Zip:

616 RIDGE BLVD.

SOUTH DAYTONA, FL 32119

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2090 S. NOVA RD 2706 SOUTH RIDGEWOOD AVE STE AA17 STE 4 DAYTONA BEACH, FL 32119 SOUTH DAYTONA, FL 32119 **Current Mailing Address: New Mailing Address:** 2706 S. RIDGEWOOD AVE 2090 S. NOVA RD STE AA17 STE 4 DAYTONA BEACH, FL 32119 SOUTH DAYTONA, FL 32119 FEI Number: 20-5868282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. OWENS, MICHAEL E MGR 1840 SW 22ND ST. 616 RIDGE BLVD 4TH FLOOR SOUTH DAYTONA, FL 32119 US MIAMI, FL 33145 US 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: MICHAEL E. OWENS 01/07/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete OWENS, MICHAEL E Name: Name: 616 RIDGE BLVD. Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: OWENS, ALEXANDRA Name: Address: 616 RIDGE BLVD. Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition OWENS, MICHAEL E Name: Name: Address: 616 RIDGE BLVD Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OWENS, ALEXANDRA Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. OWENS MGR 01/07/2008