
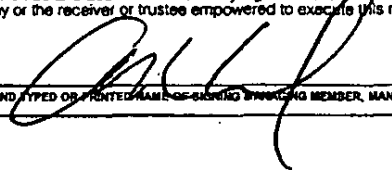


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

5/1

**FILED**  
**Jun 24, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90192 001 \*\*\*416.25

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # L07000033205</b><br>1. Entity Name<br><b>RACEWAY MANAGEMENT, LLC</b>   |  |                     |   |    |  |
| Principal Place of Business<br><b>3401 OLD POLK CITY ROAD<br/>LAKELAND, FL 33809</b>   |  |                     | Mailing Address<br><b>14001 63RD WAY NORTH<br/>CLEARWATER, FL 33760</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LITTLE, THOMAS C ESQ<br/>2123 NE COACHMAN RD<br/>A<br/>CLEARWATER, FL 33765</b>  |  |                     |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____  |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                     | Make check payable to<br><b>Florida Department of State</b>             |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>ANTHONY N. AMICO JR</b><br><b>14001 - 63RD WAY N.</b><br><b>CLEARWATER FL 33760</b> |                     | <input type="checkbox"/> Delete <b>MEM</b>                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| 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 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 606, Florida Statutes. |  |                     |   |   |  |
| <b>SIGNATURE:</b>  <b>4/22/08</b>   |  |                     |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____  |  |                     |   |   |  |