

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070791

FILED
Apr 30, 2009
Secretary of State

Entity Name: MAALNICK MOTOR SPORTS, LLC

Current Principal Place of Business:

1639 W. MEMORIAL BLVD.
LAKELAND, FL 33815

New Principal Place of Business:

127 NORTH LAKE PARKER AVENUE
LAKELAND, FL 33801

Current Mailing Address:

406 IRIS STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEEKE, ALLEN
406 IRIS STREET
CELEBRATION, FL 34747 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: MGR () Delete
Name: HEEKE, ALLEN
Address: 406 IRIS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: WALKER, MATT
Address: 1026 MAIDEN TERRACE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: URGO, NICK
Address: 1010 FALLING LEAF STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: URGO, NICK
Address: 1011 BRIGHTON WAY
City-St-Zip: LAKELAND, FL 33813

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: ALLEN HEEKE

MGR

04/30/2009

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