


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90188 046 \*\*\*138.75

<b>DOCUMENT # L07000125917</b>		
1. Entity Name WINE COUNTRY MOTOR SPORTS, LLC		
Principal Place of Business 1003 JUPITER PARK LANE, SUITE 4 JUPITER FL 33458		Mailing Address 1003 JUPITER PARK LANE, SUITE 4 JUPITER FL 33458
2. Principal Place of Business - No P.O. Box # 1003 Jupiter Park Lane Suite, Apt. #, etc. SK #	3. Mailing Address 1003 Jupiter Park Lane Suite, Apt. #, etc. SK #	
City & State Jupiter FL Zip 33458	City & State Jupiter FL Zip 33458	



1st MOORE CR2E083 (10/07)

4. FEI Number 26-1609760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  LIPSKY, D. DAVID 1003 JUPITER PARK LANE, SUITE 4 JUPITER FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSKY, D. DAVID 1003 JUPITER PARK LANE, SUITE 4 JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:** *X D. David Lipsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
*D. DAVID LIPSKY*  
Date: *4-28-08* 5617485328  
Exhibit Page #