2<sup>nd</sup> and 2<sup>nd</sup> and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved, If dissolved, minimum amount due to reinstate: \$688.76 SECRETARY OF STATE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 JUL 29 AM 8: 58 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ £68.75 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000321 1a. Principal Place of Business Address ROGER DEAN RACING L.C. 2090 PALM BEACH LAKES BLVD SUITE 200 2090 PALM BEACH LAKES BLVD S WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/18/1996 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State 65-0696137 5. Date of Last Report 6. Certificate of Status Desired Country Country S8.75 Addit anal Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MILLER, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 2090 PALM BEACH TAKES BLVD SUITE 200 WEST PALM BEACH FL 33409 Suite, Apt. #, etc.

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

City

SIGNATURE \_ DATE (Hegistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 2090 PALM BEACH LAKES BLVD WEST PALM BEACH FL MGRM MILLER, WILLIAM P 10000260**3**371---07/30/98--**0**1089--008 \*\*\*\*588.75 \*\*\*\*588.75

11. I'do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this purious roport 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

G MEMBER OR MANAGER

Applied For

Not Applicable