

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 APR 25 AM 7:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT # M96000000510**

1030 INTERNATIONAL SPEEDWAY BOULEVARD, L.L.C.  
 C/O DETLEF G. LEHNARDT  
~~911 MAIN STREET, SUITE 1322~~  
 KANSAS CITY MO 64105

1a. Principal Place of Business Address

C/O DETLEF G. LEHNARDT  
~~911 MAIN STREET, SUITE 1322~~  
 KANSAS CITY MO 64105

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
C/O DETLEF G. LEHNARDT Suite, Apt. #, etc. 911 MAIN STREET, SUITE 2224 City & State KANSAS CITY, MO Zip 64105 Country USA	C/O DETLEF G. LEHNARDT Suite, Apt. #, etc. 911 MAIN STREET, SUITE 2224 City & State KANSAS CITY, MO Zip 64105 Country USA

3. Date Organized or Qualified	3a. State of Formation
12/18/1996	DE
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
43-1765093	
5. Date of Last Report	6. Certificate of Status Desired
	SB 29 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

CORPORATION SERVICE , COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ULMER, KONRAD	<del>911 MAIN STREET, #1322</del> c/o Detlef G. Lehnardt 911 Main Street, Suite 2224	KANSAS CITY MO

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 -04/29/97--01087--029  
 \*\*\*\*203.75 \*\*\*\*203.75

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

**SIGNATURE:**  Konrad Ulmer April 16, 1997 (816) 221-2440 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #