2004 LIMITED LIABILITY COMPANY

Jul 06, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # M96000000510 1. Entity Name 07-06-2004 90154 037 ****50.00 1030 INTERNATIONAL SPEEDWAY BOULEVARD, L.L.C. Principal Place of Business Mailing Address Principal Place of Business C/O DETLEF G. LEHNARDT 20 WESTWOODS DRIVE LIBERTY MO 64068 C/O DETLEF G. LEHNARDT 20 WESTWOODS DRIVE LIBERTY MO 64068 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 43-1765093 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE Delete Change ULMER KONRAD Ulmer, Gerhard NAME NAME STREET ADDRESS 20 WESTWOODS DR., C/O D. LEHNARDT STREET ADDRESS LIBERTY MO 64068 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME LEHNARDT, DETLEF G NAME STREET ADDRESS 20 WESTWOODS DRIVE STREET ADDRESS CITY-ST-ZIP LIBERTY MO 64068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Change

☐ Addition

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

1030 International Speedway Boulevard, L.L.C.

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

> 6-407-1400 MANAGER, OR AUTHORIZED REPRESENTATIVE Secretary