


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90328 032 ****50.00

DOCUMENT # L06000009110

1. Entity Name
RACE TRACK SEVEN, L.L.C.



Principal Place of Business
**13947 BEACH BLVD., SUITE 210
 JACKSONVILLE, FL 32224**

Mailing Address
**P.O. BOX 551260
 ANSBACHER & SCHNEIDER, P.A.
 JACKSONVILLE, FL 32255**

2. Principal Place of Business - No P.O. Box #
7880 GATE PARKWAY SUITE 300

3. Mailing Address
7880 GATE PARKWAY SUITE 300

City & State
JACKSONVILLE, FL 32256

City & State
JACKSONVILLE, FL 32256

Zip Country
32256 FL

Zip Country
32256 FL

00047193



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4186551

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ANSBACHER & SCHNEIDER, P.A.
 5150 BELFORD ROAD, BLDG. 100
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
Mike Ashourian

Street Address (P.O. Box Number is Not Acceptable)
**7880 GATE PARKWAY SUITE 300
 JACKSONVILLE, FL 32256**

City
FL Zip Code

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]* **MIKE ASHOURIAN, MGR** **4/24/07**
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mike Ashourian</i>
STREET ADDRESS	7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Elaine Ashourian* **Elaine Ashourian** **4/24/2007** **904 992 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #