

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90052 034 \*\*\*\*55.00

**DOCUMENT # L00000007187**

1. Entity Name  
**HIALEAH RACING ASSOCIATION, LLC**



Principal Place of Business

**105 EAST 21ST STREET  
HIALEAH, FL 33010**

Mailing Address

**PO BOX 158  
HIALEAH, FL 33011**

**20051307**



03242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-1292939**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRUNETTI, JOHN J  
105 EAST 21ST STREET  
HIALEAH, FL 33010**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRUNETTI, JOHN J  
105 EAST 21ST STREET  
HIALEAH, FL 33010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BRUNETTI, JOHN J JR.  
105 EAST 21ST STREET  
HIALEAH, FL 33010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BRUNETTI, STEPHEN P  
105 EAST 21ST STREET  
HIALEAH, FL 33010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**4/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #