


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
# 309 Jan 14, 2008 08:00 AM  
12-31-07  
1138  
Secretary of State

<b>DOCUMENT # L04000022694</b> 1. Entity Name <b>BELMONT DOWNS, LLC</b>	
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Principal Place of Business <b>9389 HAMMAN AVE. PENSACOLA, FL 32514 US</b>	Mailing Address <b>755 GRAND BLVD. STE. B105-344 DESTIN, FL 32550 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-1066974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WILLIAMS, MONTE  
9389 HAMMAN AVE.  
PENSACOLA, FL 32514**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MONTE 9389 HAMMAN AVE. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DEAN 9389 HAMMAN AVE. PENSACOLA, FL 32514
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U00000783617  
01/16/08-80022-001 138.75

**DO NOT WRITE  
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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:**  **12-31-07 850-572-0083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #