

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

01-10-2007 90058 009 ****50.00

DOCUMENT # L04000046987 1. Entity Name EGAN-HALVERSON RACE TRACK ROAD, LLC																																													
Principal Place of Business C/O GARY HALVERSON 6058 PINNACLE DR. OLDSMAR, FL 34677		Mailing Address C/O GARY HALVERSON 5068 PINNACLE DR. OLDSMAR, FL 34677																																											
2. Principal Place of Business - No P.O. Box # GARY HALVERSON Suite, Apt. #, etc. 300 BEACH DR. NE #1004 City & State ST. PETERSBURG FL. Zip 33701 Country FLORIDA		3. Mailing Address GARY HALVERSON Suite, Apt. #, etc. 300 BEACH DR. NE #1004 City & State ST. PETERSBURG FL. Zip 33701 Country FLORIDA																																											
4. FEI Number 20-1986069		Applied For ☐ Not Applicable																																											
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent HALVERSON, GARY G 5068 PINNACLE DR. OLDSMAR, FL 34677 300 BEACH DR. NE #1004 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u><i>Gary G Halverson</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____																																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM HALVERSON, GARY G 9905 RACE TRACK ROAD TAMPA, FL 33626 </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td> MGRM EGAN, DIANE N 9905 RACE TRACK ROAD TAMPA, FL 33626 </td> <td> ☐ Delete </td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G 9905 RACE TRACK ROAD TAMPA, FL 33626	☐ Delete	MGRM EGAN, DIANE N 9905 RACE TRACK ROAD TAMPA, FL 33626	☐ Delete																	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM HALVERSON, GARY G. 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701 </td> <td style="text-align: right;"> ☒ Change ☐ Addition </td> </tr> <tr> <td> MGRM DIANE N. EGAN 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701 </td> <td> ☒ Change ☐ Addition </td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G. 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701	☒ Change ☐ Addition	MGRM DIANE N. EGAN 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701	☒ Change ☐ Addition																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G 9905 RACE TRACK ROAD TAMPA, FL 33626	☐ Delete																																											
MGRM EGAN, DIANE N 9905 RACE TRACK ROAD TAMPA, FL 33626	☐ Delete																																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G. 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701	☒ Change ☐ Addition																																											
MGRM DIANE N. EGAN 300 BEACH DR. NE #1004 ST. PETERSBURG FL. 33701	☒ Change ☐ Addition																																												
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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u><i>Gary G Halverson</i></u> Date <u>02-03-07</u> Daytime Phone # <u>727-639 6991</u>																																													