

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90086 042 ****50.00

DOCUMENT # L05000022024 1. Entity Name EUSTIS DRIVE-IN DEVELOPMENT #1 LLC					
Principal Place of Business 10346 SW 64TH STREET OCALA, FL 34473			Mailing Address 10346 SW 64TH STREET OCALA, FL 34473		
2. Principal Place of Business 2010 SE 32nd St Suite, Apt. #, etc.		3. Mailing Address 2010 SE 32nd St Suite, Apt. #, etc.			
City & State Ocala, FL Zip 34471		City & State Ocala, FL Zip 34471		4. FEI Number 20-2433999	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRVIN, MARK 10346 SW 64TH STREET OCALA, FL 34473			7. Name and Address of New Registered Agent Name R. Trent Watkins Street Address (P.O. Box Number is Not Acceptable) 2010 SE 32nd St City Ocala		
State FL			Zip Code 34471		
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>R. Trent Watkins</i></u> R. Trent Watkins, Registered Agent 7/9/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when mandating) DATE					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, R. TRENT 3440 HAYNIE AVE., #2 DALLAS, TX 75205	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Red River Management, LLC 2010 SE 32nd Street Ocala, FL 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>R. Trent Watkins</i></u> R. Trent Watkins, President 7/9/06 (352) 622-3798 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					