


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 003 ****50.00

DOCUMENT # L05000022025	
1. Entity Name EUSTIS DRIVE-IN #1 LLC	

Principal Place of Business 2010 SE 32ND ST OCALA FL 34471	Mailing Address 2010 SE 32ND ST OCALA FL 34471
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2. Principal Place of Business - No P.O. Box # 13125 US Hwy 441	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State Guthrie FL	City & State	4. FEI Number 20-2434335	Applied For <input type="checkbox"/> Not Applicable
Zip 32726	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WATKINS, R. TRENT 2010 SE 32ND ST OCALA FL 34471	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RED RIVER MANAGEMENT LLC 2010 SE 32ND STREET OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **7/31/07** **(352) 622-3798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #