

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2006 90086 047 ****50.00

DOCUMENT # L05000022031					
1. Entity Name SUMMERFIELD DRIVE-IN #1 LLC					
Principal Place of Business 10346 SW 64TH COURT OCALA, FL 34473			Mailing Address 10346 SW 64TH COURT 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		City & State Ocala, FL		4. FEI Number 20 2434384	
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRVIN, MARK A 10346 SW 64TH STREET OCALA, FL 34476			7. Name and Address of New Registered Agent Name: R. Trent Watkins Street Address (P.O. Box Number is Not Acceptable): 2010 SE 32nd Street City: Ocala 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>R. Trent Watkins, Registered Agent</u> DATE: <u>7/9/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: RED RIVER MANAGEMENT LLC STREET ADDRESS: 3212 BLOSSOM LANE CITY-ST-ZIP: ODESSA, TX-79726	<input checked="" type="checkbox"/> Delete		TITLE: Manager NAME: Red River Management LLC STREET ADDRESS: 2010 SE 32nd Street CITY-ST-ZIP: Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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: <u>R. Trent Watkins, President</u> DATE: <u>7/9/06</u> (352) 622-3798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SICKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					