

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2006 90086 039 ****50.00

DOCUMENT # L05000022032					
1. Entity Name LEESBURG DRIVE-IN #1 LLC					
Principal Place of Business 10346 SW 64TH COURT OCALA, FL 34476			Mailing Address 10346 SW 64TH COURT OCALA, FL 34476		
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 Country: USA		City & State Ocala, FL Zip: 34471 Country: USA		4. FEI Number 20-2434270	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent IRVIN, MARK A 10346 SW 64TH COURT 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 St 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 resigning)</small>					
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 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	
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	
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	
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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					