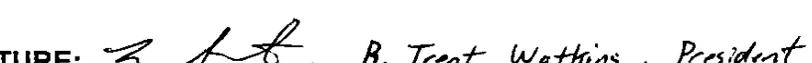


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2006 90086 045 ****50.00

DOCUMENT # L05000022033					
1. Entity Name DUNNELLON DRIVE-IN #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		City & State Ocala, FL			
Zip 34471	Country USA	Zip 34471	Country USA	07092006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent IRVIN, MARK 10346 SW 64TH STREET OCALA, FL 34473				4. FEI Number 20-2434112	
7. Name and Address of New Registered Agent Name Randolph Trent Watkins Street Address (P.O. Box Number is Not Acceptable) 2010 SE 32nd St City Ocala FL Zip Code 34471				Applied For Not Applicable	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE  B. Trent Watkins, Registered Agent				DATE 7/9/06	
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	MGR RED RIVER MANAGEMENT LLC 3212 BLOSSOM LANE ODESSA, TX 79726	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Red River Management, LLC 2010 SE 32nd Street 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 508, Florida Statutes.					
SIGNATURE:  B. 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 #					