


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 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2010 SE 32nd St <small>Suite, Apt. #, etc.</small>			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 20-2434112	
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 10346 SW 64TH STREET OCALA, FL 34473				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	
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> B. Trent Watkins, Registered Agent 7/9/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</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 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 type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u><i>R. Trent Watkins</i></u>, R. Trent Watkins, President 7/9/06 (352) 622-3798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #</small>					