

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90227 028 \*\*\*\*50.00

|  |                                      |                     |  |   |  |
|--|--------------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # L05000026293</b><br>1. Entity Name<br><b>FAIRGROUNDS, LLC</b>  |                                      |                     |  |   |  |
| Principal Place of Business<br><b>1729 SE 8TH ST<br/>OCALA, FL 34471</b>   |                                      |                     | Mailing Address<br><b>1729 SE 8TH ST<br/>OCALA, FL 34471</b>   |   |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |   |  |
| City & State   |                                      | City & State        |  |   |  |
| Zip  | Country                              | Zip                 | Country  |   |  |
| 4. FEI Number<br><b>20-2475675</b>   |                                      |                     |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |                     |  | <b>\$5.00</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ELLSPERMANN, CARL W<br/>1111 NE 25TH AVE S 202<br/>OCALA, FL 34470</b>   |                                      |                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |                                      |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                      |                     |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | BOONE, KIRK                          |                     | NAME   |   |  |
| STREET ADDRESS   | 1729 SE 8TH ST                       |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | OCALA, FL 34471                      |                     | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                      |                     | NAME   |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                      |                     | NAME   |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                      |                     | NAME   |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |   |  |
| 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. |                                      |                     |  |   |  |
| <b>SIGNATURE:</b>  |                                      |                     | Date <b>Apr 17, 2006</b> (352) 732-5255  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |                     |  |   |  |

30001492



01172006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30601492

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

FAIRGROUNDS, LLC  
1729 SE 8TH ST  
OCALA, FL 34471

Subject: FAIRGROUNDS, LLC

Reference Number: L05000026293

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION