2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L05000059161 1. Entity Name								हम स वस			
DOGTRACK AREA DEVELOPERS, LLC.								2002 1		^. ¬"	
Principal Place of Business				Mailing Address			_	7831-1	1AY 24 P	2:31	
3838 NORTH PALAFOX STREET PENSACOLA FL 32505				3838 NORTH PALAFOX STREET PENSACOLA FL 32505				ÇEÇR	STARY SES		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					I 88111 88111 88111 88181 8111	a 18181 11818 6 1181 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE	CR2E083		. 15
City & State				City & State			4. FEI Nur	nber AP-PŁ	JED FOR	<u> </u>	oplied For ot Applicable
Zip	Country			Zip Count		otry	5. Certificate of Status Desired \$5.00 Additional Fee Required		ditional		
6. Name and Address of Current Re				gistered Agent Name			7. Name a	nd Address of	New Registered	Agent	
BEGGS & LANE LIMITED LIABILI 501 COMMENDENCIA STREET				Y PARTNERSHIF)		s (P.O. Box Nur	mber is Not Acc	eptable)		
PENSACOLA FL 32502											
						City			FL	Zip Cod	le
The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE											
			-,	·					57112		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Departmen Due By May 1, 2007											Í
9		MANAGING ME	MBERS/	MANAGERS	10.			ADDI	TIONS/CHANGES	5	
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IIIT				☐ Defete	1111					☐ Change	Addition
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CITY-ST-ZIP						·ST-ZIP					
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CITY-S1-ZIP						-S1-ZIP					
11. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 membor 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: SIGNATURE: SIGNATURE AND TYPED OR MUNITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Description											
	SIGNATURE AN(TYPED OR PRINTED NA	ME OF SIGI	NING MANAGING MEMBER, M	INAGER, OR	AUTHORIZED REPRE	SENIATIVE	Date	· / / ·	aylime Phone #	