

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90328 030 \*\*\*\*50.00

**60047195**



DOCUMENT # L06000107507			
1. Entity Name RACETRACK FLORA BRANCH, L.L.C.			
Principal Place of Business 7880 GATE PARKWAY, SUITE 300 JACKSONVILLE, FL 32256		Mailing Address P.O. BOX 551260 ANSBACHER & SCHNEIDER, P.A. JACKSONVILLE, FL 32255	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5842978		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256		Name Mike Ashourian	
		Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256	
		City FL	
		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		MIKE ASHOURIAN MGR	
		DATE 4/24/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Elaine Ashourian		4/24/2007 904 992 9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	