## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000107507** 

## **FILED** May 01, 2007 8:00 am Secretary of State 05-01-2007 90328 030 \*\*\*\*50.00

Entity Name     RACETRACK F.	LORA BRANCH, L.L.	<b>c</b> .				5 p	
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					
<u> </u>	usiness - No P.O. Box#	3. Mailing Address 7880 GATE PAR	7880 GATE PARKWAY SUITE 300		300		
Suite, Apt. #, etc.  City & State		Suite. JACKSONVILLE, FL 32256		õ	01082007 Chg-LLC CR2E083 (12/06)		
		City & State				4. FEI Number Applied For Not Applicable	
Zip	Country	Zip Count		ry		5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
ANSBACHER & S	CHNEIDER, P.A. OAD, BLDG. 100		-		dress (F	P.O. Box Number is Not Acceptable)	
JACKSONVILLE, FL 32256				7880 GATE PARKWAY SUITE 300			
				JACKSONVILLE, FL 32256			
		. 2		City		FL Zip Code	
The above named a     the obligations of A	onty submits this determent to	the purpose of changing its	registere	d office or re	egistere	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Sea of Francisco Control of State of St	MOTE dapplicable.	M)KI	E AS HO	OUR required	SIAN MGR 4/24/07 Sweet rensulting) DATE	
- Will	ove named only submits his interrent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both agent gations of registered agent, or both agent gations of registered agent gatio						
Filing Fe Due by M	e is \$50.00 May 1, 2007						
9.	MANAGING MEMBE	RS/MANAGERS	10.				
TIMLE		☐ Delete	TITLE		m a	31 Change Change Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS	7), κ	7880 GATE PARKWAY SUITE 300	
CITY-ST-ZIP			CITY-	\$T-ZIP		JACKSONVILLE, FL 32256	
TITLE		☐ Delete	TITLE			☐ Change ☐ Additio	
NAME STREET ADDRESS			NAME	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
THLE		☐ Delete	TITLE			☐ Change ☐ Additio	
NAME STREET ADDRESS			NAME	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			☐ Change ☐ Additio	
NAME CAREET ADDRESS			NAME				
STREET ADORESS CITY-ST-ZIP				ET ADDRESS ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Additio	
NAME CHRIST ARROYSS			NAME				
STREET ADDRESS CITY-ST-ZIP				et <b>address</b> •St-zip			
TITLE		☐ Delete	TITLE			☐ Change ☐ Additio	
NAME			NAME	i			
STREET ADDRESS CITY-SI-ZIP				ET ADDRESS ST-ZIP			
44 11 6		- 1-1- 100 100- t-	4			Control 110 Florida Chat the United against the table information	

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 904 992900 Daytime Phone # / Date /