2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000001507

1. Entity Name

FAIRGROUNDS HOLDING GP LLC



Principal Place of Business

C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401 Mailing Address

C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90119 038 ****55.00

20053663



04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEWALTER, WILLIAM A C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH, FL 33401

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the obligations of registered agent.	anging to registare employed registered agent, or esait, in the	otato or ronda. Tam lastagaj with, and dood	٠.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filling Equ is \$50.00			_

Filing Fee is \$50.00 Due by May 1, 2005

1		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GOODMAN, MURRAY H 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401	
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11 I hereby certify that the information supplied with this filling does not qualify for the or		

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Goodman Properties Inc., manager

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPOSESENTATIVE

4/30/05

561-833-3777

Daytime Phone #