

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90040 026 ****55.00

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**

DO NOT WRITE IN THIS SPACE



04202006No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *William A. Shewalter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 27, 2006
Date

561-833-3777
Daytime Phone #

William A. Shewalter, Vice President