

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025029

FILED
Apr 25, 2009
Secretary of State

Entity Name: TRAKSTAR, LLC

Current Principal Place of Business:

151 CAMERON COURT
SUITE 200
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

151 CAMERON COURT
SUITE 200
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 16-1655120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBMAN, BARBARA H ESQ.
151 CAMERON COURT
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SCHREIBMAN, BARBARA H ESQ.
2645 EXECUTIVE PARK DRIVE
SUITE 102
WESTON, FL 33331 US

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.

SIGNATURE: _____ 04/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLADSTONE, HOWARD J
Address: 151 CAMERON COURT
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DECKER, BLAINE
Address: 250 AVENIDA LA CUESTA
City-St-Zip: SAN CLEMENTE, CA 92672 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BARBARA, SCHREIBMAN H
Address: 151 CAMERON COURT
City-St-Zip: WESTON, FL 33326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA H. SCHREIBMAN SVP 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date