2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000008338

1. Entity Name
TREK ENTERPRISES, LLC

Principal Place of Business	Mailing Address
402 WEST COLLEGE AVE.	402 WEST COLLEGE AVE.
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
59-3733167		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIBBLE, DENNIS
402 WEST COLLEGE AVE.
TALLAHASSEE, FL 32301

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	TRIBBLE, DENNIS
STREET ADDRESS	402 WEST COLLEGE AVE.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ DENNIS TRIBBLE, PRESIDENT   01-18-05   850-222-5062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #