


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009803
1. Entity Name
TRACTOR PROPERTIES, LLC



Principal Place of Business Mailing Address
1905 WYOMING AVE. 1905 WYOMING AVE.
FT. PIERCE, FL 34982 FT. PIERCE, FL 34982



03252004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1114274 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KINDRED, THOMAS R SR.
1905 WYOMING AVE.
FT. PIERCE, FL 34982

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KINDRED SR, THOMAS RL 1905 WYOMING AVE FORT PIERCE, FL 34982
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04/01/04-80029-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas R. Kindred* 3/28/04 772/464/3974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone