


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009803
 1. Entity Name
 TRACTOR PROPERTIES, LLC



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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

4. FEI Number: 65-1114274
 Applied For: Not Applicable

Zip: Country

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

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

| 9. MANAGING MEMBERS / MANAGERS | |
|--|-----------------------------------|
| TITLE: MGR <input type="checkbox"/> Delete | NAME: KINDRED SR, THOMAS RL |
| STREET ADDRESS: 1905 WYOMING AVE | CITY-ST-ZIP: FORT PIERCE FL 34982 |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: <input type="checkbox"/> Delete | NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: |

| 10. ADDITIONS / CHANGES | |
|-------------------------|---|
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | U00000803870 |
| CITY-ST-ZIP: | 02/05/08-80043-017 138.75 |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/25/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #