

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90028 001 ****50.00

DOCUMENT # L02000009170 1. Entity Name TR HOLDINGS, L.C.					
Principal Place of Business 252 WEST MARION AVENUE PUNTA GORDA, FL 33950			Mailing Address C/O JACK O. HACKETT II, ESQUIRE POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 99 NESBIT STREET Suite, Apt. #, etc.		
City & State PUNTA GORDA, FL			4. FEI Number 02-0589292		
Zip 33950			Country US		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent HACKETT, JACK O ESQUIRE C/O FARR, FARR, EMERICH, SIFRIT, HACKETT 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name HACKETT, JACK O. II, ESQ. Street Address (P.O. Box Number is Not Acceptable) FARR LAW FIRM 99 NESBIT STREET City PUNTA GORDA FL Zip Code 33950		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADBOIS, SHANNON 252 WEST MARION AVENUE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GADBOIS, SHANNON 252 WEST MARION AVENUE PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GADBOIS, SHANNON 252 WEST MARION AVENUE PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	GADBOIS, SHANNON 252 WEST MARION AVENUE PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: SHANNON GADBOIS, MANAGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/27/05 Daytime Phone # _____					