2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025301

1. Entity Name

TRAG INVESTMENTS LLC



Principal Place of Business

3401 GULFSHORE BLVD PH-A NAPLES, FL 34103

Mailing Address

3401 GULFSHORE BLVD PH-A NAPLES, FL 34103

FILED Feb 23, 2006 8:00 am Secretary of State 02-23-2006 90230 034 ****50.00

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| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                           |                                                                   | 4. FEI Number<br>76-0723056 | Applied For Not Applicable          |                               |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                             | 5. Certificate of Status Desired    | S5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                      |                                                                   |                             |                                     |                               |
| WENTGES, CORNELLIS 3401 GULFSHORE BLVD PH-A NAPLES, FL 34103                                                                                                                                                                                                                                                                                                         |                                                                   |                             | DO NOT WI<br>IN THIS SP             | ACE                           |
| 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                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                             |                                     |                               |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                          |                                                                   |                             |                                     |                               |
| 9.                                                                                                                                                                                                                                                                                                                                                                   | MANAGING MEMBERS/MANAGERS                                         |                             |                                     |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                          | MGRM WENTGES, CORNELLIS 3401 GULFSHORE BLVD PH-A NAPLES, FL 34103 |                             |                                     |                               |
| NAME STREET ADDRESS _CITY_ST_ZIP TITLE                                                                                                                                                                                                                                                                                                                               |                                                                   |                             |                                     |                               |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                |                                                                   |                             | DO NOT W                            | に投げた 警察 さんたいしょだい 計            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                |                                                                   |                             | IN THIS SP                          | ACE                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                       |                                                                   |                             |                                     |                               |
| TITLE 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 Chapter 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 |                                                                   |                             |                                     |                               |