


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90131 012 ****50.00

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| DOCUMENT # L03000053120 |  |
| 1. Entity Name PEOPLE TRAKKERS, LLC | |

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| Principal Place of Business 1613 SAINT CATHERINE DRIVE EAST DUNEDIN, FL 34698 | Mailing Address 1613 SAINT CATHERINE DRIVE EAST DUNEDIN, FL 34698 |
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14025297



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|---|---|
| 2. Principal Place of Business 3137 Hansymoon Lane Suite, Apt. #, etc. | 3. Mailing Address 3137 Hansymoon Lane Suite, Apt. #, etc. |
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07072004 Chg-LLC CR2E083 (10/03)

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|---------------------------------------|---------------------------------------|
| City & State Holiday FL | City & State Holiday FL |
| Zip 34691 | Zip 34691 |
| Country USA | Country USA |

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|----------------------|--|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MILLEK, ANTHONY F III 1613 SAINT CATHERINE DRIVE EAST DUNEDIN, FL 34698 |
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| 7. Name and Address of New Registered Agent Name: Anthony F Millex III Street Address (P.O. Box Number is Not Acceptable): 3137 Hansymoon Lane City: Holiday FL Zip Code: 34691 |
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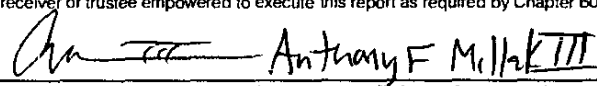
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. | DATE 6/7/04 (NOTE: Registered Agent signature required when reinstating) |
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| Filing Fee is \$50.00 Due by September 8, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|-----------------------|---|
| TITLE MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MILLEK, ANTHONY F III | | NAME | |
| STREET ADDRESS 1613 SAINT CATHERINE DRIVE EAST | | STREET ADDRESS | |
| CITY-ST-ZIP DUNEDIN, FL 34698 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | DATE 6/7/04 | DAYTIME PHONE # (727) 271-3291 |
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