2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002522 1. Entity Name DONALD R. TATRO, LLC

Principal Place of Business

Mailing Address

213 LAKEVIEW DRIVE SANFORD, FL 32773

- 213 LAKEVIEW DRIVE SANFORD, FL 32773

FILED Jan 31, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR SUTHIDRIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-6949322

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

TATRO, DONALD R 213 LAKEVIEW DRIVE SANFORD, FL 32773

SIGNATURE:

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.	Signature, typed or printed have of registered agent and fille it applicable.	(NOTE: Registered Agent signature required when reinstalling)	OATE
Filling Fee is \$50.00 Due by May 1, 2006			000000410167 02/09/06-80025-011 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR TATRO, DONALD R 213 LAKEVIEW DRIVE SANFORD, FL 32773		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 508. Florida Statutes.			