2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000004001

1. Entity Name THE HALSEY KING/TRC MAINTENANCE SEMINARS, LLC



Principal Place of Business

Mailing Address

5840 RED BUG LAKE RD, STE 165 WINTER SPRINGS, FL 3270B

5840 RED BUG LAKE RD, STE 165 WINTER SPRINGS, FL 32708

FILED Mar 30, 2006 08:00 A **Secretary of State**



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DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0605912 Applied For Not Applical

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

PIGMAN, EDWARD 5840 RED BUG LAKE RD. STE 165 WINTER SPRINGS, FL 32708

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6. 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 lamiliar with, and active obligations of registered agent. SIGNATURE		
SIGNATORE	Signature, typed or printed name of registered agent and trils if applicable.	(NOTE Ragistered Agent alignature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CLTY-ST-ZIP	PRES EDWARD, EDWARD W PRESIDE 5840 RED BUG LAKE ROAD #165 WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CRY-57-21P		800000485018 84/12/06-80067-805 55.00
TITLE NAME STREET ADDRESS CITY-ST-OP		DO NOT WRITE
THLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
KITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
11. I hereby indicated limited lia	certily that the information supplied with this filing does not on this report is the and accurate and that my signature s shilly company of the receiver or trustee empowered to ex-	quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the shall have the same legal effect as if made under cells; that I am a managing member or man social this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PROTED NAME OF SHONOIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE