


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90010 044 ****50.00

DOCUMENT # L04000010790		
1. Entity Name TRACY L. DEE ENTERPRISES L.L.C.		

Principal Place of Business 1057 CANYON WAY APOPKA, FL 32703	Mailing Address 1057 CANYON WAY APOPKA, FL 32703
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2. Principal Place of Business PO Box 700883 Suite, Apt. #, etc.	3. Mailing Address PO Box 700883 Suite, Apt. #, etc.
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City & State St. Cloud, FL Zip 34770 Country Osceola	City & State St. Cloud, FL Zip 34770 Country Osceola
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04262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent DEE, TRACY 1057 CANYON WAY APOPKA, FL 32703	
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4. FEI Number 80-0097601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEE, TRACY L MGR 1057 CANYON WAY APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <u>Tracy Dee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>4/26/06</u> Daytime Phone #