
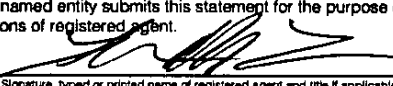
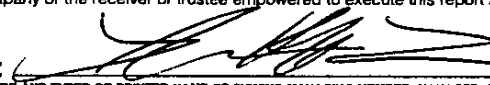


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 033 ****50.00

DOCUMENT # L04000018778 1. Entity Name TRAC DEVELOPMENT OF CENTRAL FLORIDA, LLC			
Principal Place of Business 10619 WALTER HUNTER ROAD LITHIA, FL 33547 US		Mailing Address P.O. BOX 205 LITHIA, FL 33547 US	
2. Principal Place of Business 6625 Dolphin Cove Dr. Suite, Apt. #, etc.		3. Mailing Address 6625 Dolphin Cove Dr. Suite, Apt. #, etc.	
City & State Apollo Beach FL Zip 33572 Country USA		City & State Apollo Beach FL Zip 33572 Country USA	
4. FEI Number 55-0861354		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TILLMAN, THOMAS M SR. 10619 WALTER HUNTER ROAD LITHIA, FL 33547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6625 Dolphin Cove Drive City Apollo Beach FL Zip Code 33572	
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 		Thomas M. Tillman Sr. 4/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TILLMAN & ASSOCIATES, INC. 10619 WALTER HUNTER ROAD LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6625 Dolphin Cove Drive Apollo Beach FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARENAS, ANTHONY S 1614 MAGDALENE MANOR DRIVE TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 		4/10/06 (813) 230-2111 <small>Date Daytime Phone #</small>	