
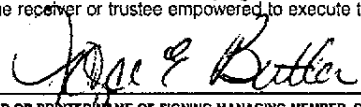



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031503 1. Entity Name TRADITION REAL ESTATE HOLDINGS, LLC		
Principal Place of Business 1602 W TIMBERLANE DR PLANT CITY, FL 33566	Mailing Address 1602 W TIMBERLANE DR PLANT CITY, FL 33566	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUTLER, JOYCE E 1602 W TIMBERLANE DR PLANT CITY, FL 33566		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, JOYCE E 1602 W TIMBERLANE DR PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  4/30/06 813-754-9890 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 		



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

05-0623499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required