

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033824

FILED
Jan 25, 2009
Secretary of State

Entity Name: TREK ENTERPRISES, L.L.C.

Current Principal Place of Business:

1601 MORGANS MILL CIRCLE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 570021
ORLANDO, FL 32857

New Mailing Address:

FEI Number: 20-1109099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUHS, KEVIN S
1601 MORGANS MILL CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUHS, TAMMY M
Address: P.O. BOX 570021
City-St-Zip: ORLANDO, FL 32857

Title: MGRM () Delete
Name: MUHS, KEVIN S
Address: P.O. BOX 570021
City-St-Zip: ORLANDO, FL 32857

Title: MGRM () Delete
Name: POITRAS, ROGER A SR.
Address: P.O. BOX 574123
City-St-Zip: ORLANDO, FL 32857

Title: MGRM () Delete
Name: POITRAS, ELLEN M
Address: P.O. BOX 574123
City-St-Zip: ORLANDO, FL 32857

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMMY MUHS

MGRM

01/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date