

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90033 006 ****50.00

DOCUMENT # L04000053304 1. Entity Name PTR HOLDINGS, L.C.																													
Principal Place of Business 161 NORTH CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169			Mailing Address 161 NORTH CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		04272006 Chg-LLC CR2E083 (11/05)																									
4. FEI Number NOT APPLICABLE				Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LUNSORD, JOSEPH L 161 NORTH CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169																									
7. Name and Address of New Registered Agent Name E.C. Lunsford, Jr. Street Address (P.O. Box Number is Not Acceptable) 161 N. Causeway, Suite 8 City New Smyrna Beach FL Zip Code 32169				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: E.C. Lunsford, Jr. 04/27/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGRM</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUNSORD, JOSEPH L TRUSTEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>161 NORTH CAUSEWAY, SUITE 8</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW SMYRNA BEACH, FL 32169</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	LUNSORD, JOSEPH L TRUSTEE		STREET ADDRESS	161 NORTH CAUSEWAY, SUITE 8		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lunsford, E.C., Jr Trustee</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>161 N. Causeway Suite 8</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New Smyrna Beach FL 32169</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Lunsford, E.C., Jr Trustee		STREET ADDRESS	161 N. Causeway Suite 8		CITY-ST-ZIP	New Smyrna Beach FL 32169	
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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: E.C. Lunsford, Jr. 04/27/06 386-427-6474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													