2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053304

1. Entity Name PTR HOLDINGS, L.C.



Principal Place of Business

Mailing Address

161 NORTH CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169 161 NORTH CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169

FILED Apr 09, 2007 08:00 All Secretary of State



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04022007No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNSFORD, E.C. JR 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BEACH, FL 32169

DO NOT WRITE IN THIS SPACE

3/07

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when remistating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNSFORD, E.C. JR 161 N. CAUSEWAY, SUITE 8 NEW SMYRNA BEACH, FL 32169		
TITLE NAME STREET ADDRESS CITY-ST-ZP			U00000694492 04/17/07-80020-024 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP			
NAME STREET ADDRESS			

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 reserver or trustee empowered to exceed this report as required by Chapter 608, Florida Statutes.