

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000339710
03/06/08-80019-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUNSFORD, E.C. JR
STREET ADDRESS	161 N. CAUSEWAY, SUITE 8
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/19/08 386-427-6474

Date Daytime Phone #