

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90020 047 \*\*\*\*55.00

<b>DOCUMENT # L04000065375</b>					
<b>1. Entity Name</b> MEDTRN INVESTMENT, LLC					
<b>Principal Place of Business</b> 2410 BUENA VISTA STREET PENSACOLA, FL 32503			<b>Mailing Address</b> 2410 BUENA VISTA STREET PENSACOLA, FL 32503		
<b>2. Principal Place of Business</b> 2410 Buena Vista Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2410 Buena Vista Street Suite, Apt. #, etc.			
City & State Pensacola, Florida Zip 32503		City & State Pensacola, Florida Zip 32503		<b>4. FEI Number</b> 57-1212677	
Country Escambia		Country Escambia		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PETE, EVELYN J 2410 BUENA VISTA STREET PENSACOLA, FL 32503			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> PETE, MICHAEL A <b>STREET ADDRESS</b> 1452 VICTORIA VILLAGE LANE #4-122 <b>CITY-ST-ZIP</b> ORLANDO, FL 32828	<input type="checkbox"/> Delete		<b>TITLE</b> Pete, michael <b>NAME</b> 13826 Blue Lagoon Way <b>STREET ADDRESS</b> Orlando, Florida 32828 <b>CITY-ST-ZIP</b> Orlando, Florida 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> PETE, EVELYN J <b>STREET ADDRESS</b> 2410 BUENA VISTA STREET <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> PETE, DENNIS M <b>STREET ADDRESS</b> 2410 BUENA VISTA STREET <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> PETE, TIFFANEY D <b>STREET ADDRESS</b> 2704 STILLWATER LAKE LANE <b>CITY-ST-ZIP</b> MARIETTA, GA 30066	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> PETE, ROSANA <b>STREET ADDRESS</b> 1452 VICTORIA VILLAGE LANE #4-122 <b>CITY-ST-ZIP</b> ORLANDO, FL 32828	<input type="checkbox"/> Delete		<b>TITLE</b> Pete Rosana <b>NAME</b> 13826 Blue Lagoon Way <b>STREET ADDRESS</b> Orlando, Florida 32828 <b>CITY-ST-ZIP</b> Orlando, Florida 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Evelyn J. Pete			4-24-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		