

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085540**

1. Entity Name

TRAUNER PARTNERS, LLC



Principal Place of Business

3802 THONOTOSASSA ROAD  
PLANT CITY, FL 33565 US

Mailing Address

POST OFFICE BOX 2012  
PLANT CITY, FL 33564 US



02192007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1932251

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL E BOULEVARD  
SUITE 312  
TAMPA, FL 33624

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRAUNER, MICHAEL A  
3802 THONOTOSASSA ROAD  
PLANT CITY, FL 33565

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRAUNER, WALTER A  
8406 13TH AVENUE, N.W.  
BRADENTON, FL 34209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000650417  
03/08/07-80012-023 50.00

**DO NOT WRITE  
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

**MICHAEL A. TRAUNER**

**2/23/07**

Date

**813 752-1957**

Daytime Phone #