
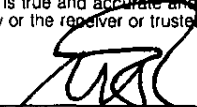


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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
DO NOT WRITE IN THIS SPACE		
		02122008 No Chg-LLC CR2E083 (12/07)
4. FEI Number 20-1932251		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 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 _____ (NOTE: Registered Agent signature required when restate ing) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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		
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:  MICHAEL TRAUNER		2/28/08 (813) 752-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #