

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000091007**

1. Entity Name  
**LTRS HOLDINGS, LLC**



Principal Place of Business  
**1095 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789**

Mailing Address  
**1095 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789**



02162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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**8. Name and Address of Current Registered Agent**

**SCHULTZ, KENNETH H  
1095 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789**

**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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>COMMUNITY SUPPORTS, INC.</b>
STREET ADDRESS	<b>1095 WEST MORSE BOULEVARD</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>

TITLE	
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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:**

*Kenneth Schultz*

**Kenneth Schultz**

**02/22/06**

**407-645-3211 x 3**

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

Date

Daytime Phone #