

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 16, 2006 8:00 am
Secretary of State**

03-16-2006 90030 047 ****55.00

DOCUMENT # L05000023405			
<p>1. Entity Name IRON HORSE TOURING, LLC</p>			
<p>Principal Place of Business 2105 MARSH ROAD DELAND, FL 32724 US</p>			
<p>2. Principal Place of Business</p>		<p>3. Mailing Address</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>	
<p>City & State</p>		<p>City & State</p>	
Zip	Country	Zip	Country
<p>6. Name and Address of Current Registered Agent</p> <p>FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE SUITE B PORT ORANGE, FL 32127</p>			<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City</p>
<p>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.</p>			
<p>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable)</p>			
<p>(NOTE: Registered Agent signature required when reinstating)</p>			
<p>DATE _____</p>			
<p>Filing Fee is \$50.00 Due by May 1, 2006</p>		<p>Make check payable to Florida Department of State</p>	
<p>9. MANAGING MEMBERS/MANAGERS</p>			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>MGR STOFFAN, JEFFREY 2105 MARSH ROAD DELAND, FL 32724</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>MGR BLAIR, DONALD 13450 TAFT STREET BROOKSVILLE, FL 34613</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>10. ADDITIONS/CHANGES</p>			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>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.</p>			
<p>SIGNATURE: <u>Daniel A. Blaier</u> <u>Donald J. Blaier - President</u></p>			
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p>			
<p>Date <u>3/13/06</u></p>			
<p>Daytime Phone # _____</p>			