

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023435

Entity Name: TRAUTMANN & COMPANY, LLC

FILED  
Jan 06, 2008  
Secretary of State

**Current Principal Place of Business:**

133 WEST 5TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

9378 ARLINGTON EXPRESSWAY  
SUITE 337  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HALSTEAD, ADAM BLAIR VP  
133 WEST 5TH STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRAUTMANN, ANDREW M  
Address: 133 WEST 5TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP ( ) Delete  
Name: HALSTEAD, ADAM BLAIR  
Address: 133 WEST 5TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM BLAIR HALSTEAD

VP

01/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date