


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 047 \*\*\*\*50.00

<b>DOCUMENT # L05000044650</b>	
1. Entity Name <b>TRK DESIGN COMPANY, LLC</b>	

Principal Place of Business <b>2294 SONOMA DRIVE NOKOMIS, FL 34275</b>	Mailing Address <b>2294 SONOMA DRIVE NOKOMIS, FL 34275</b>
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2. Principal Place of Business <b>2294 SONOMA DR</b>	3. Mailing Address <b>- SAME -</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NOKOMIS FL</b>	City & State
Zip <b>34275</b>	Country <b>FLORIDA</b>



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2807644</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>KELLY, THOMAS R 2294 SONOMA DRIVE NOKOMIS, FL 34275</b>	

7. Name and Address of New Registered Agent	
<b>- SAME -</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.	
SIGNATURE	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, THOMAS R 2294 SONOMA DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, NANCY S 2294 SONOMA DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Thomas Kelly</b>	Date: <b>4-17-06</b> Daytime Phone #: <b>941-412-3202</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	