2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90019 009 ****55.00

DOCUMENT # L05000059641

1. Entity Name
TATRO CONSTRUCTION CO. LLC

Principal Place of Business	Mailing Address
1106 SHADOWBROOK TRAIL WINTER SPRINGS, FL 32708	1106 SHADOWBROOK TRAIL WINTER SPRINGS, FL 32708

04032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
251 MAITLAND AVE		251 MAITLAND AVE	
Suite, Apt. #, etc.: Suite 313		Suite, Apt. #, etc.: SUITE 313	
City & State: ALTAMONTE SPRINGS FL		City & State: ALTAMONTE SPRINGS, FL	
Zip: 32701	Country: U.S.	Zip: 32701	Country: U.S.

4. FEI Number: 14 1932051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TATRO, DON W
1106 SHADOWBROOK TRAIL
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name: DON W. TATRO
Street Address (P.O. Box Number is Not Acceptable): 251 MAITLAND AVE
SUITE 313
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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] DON W. TATRO President 4/03/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	TATRO, DON W		NAME	DON W. TATRO	
STREET ADDRESS	1106 SHADOWBROOK TRAIL		STREET ADDRESS	251 MAITLAND AVE, SUITE 313	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	KLUTE, JAMES		NAME	JAMES KLUTE	
STREET ADDRESS	1106 SHADOWBROOK TRAIL		STREET ADDRESS	251 MAITLAND AVE, SUITE 313	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DON W. TATRO [signature] 4/03/06 407-260-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #