

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075593

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: TRACCON PROJECTS, LLC

**Current Principal Place of Business:**

27200 RIVERVIEW CENTER BLVD.  
SUITE 103  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27200 RIVERVIEW CENTER BLVD.  
SUITE 103  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 33-1093325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHUMANN, RAYMOND L  
27200 RIVERVIEW CENTER BLVD.  
SUITE 103  
BONITA SPRINGS, FL 34134 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: MEEK, DANNY E  
Address: 27200 RIVERVIEW CENTER BLVD. SUITE103  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: SCHUMANN, RAYMOND L  
Address: 27200 RIVERVIEW CENTER BLVD. SUITE 103  
City-St-Zip: BONITA SPRINGS, FL 34134

**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 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: DANNY E. MEEK      MGRM      02/27/2006

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